

BALTIMORE CITY

Sexual Assault Response Team



OCTOBER 5, 2011

ANNUAL REPORT

BALTIMORE CITY

Sexual Assault Response Team

Annual Report

OCTOBER 5, 2011

PREPARED BY
Maryland Coalition Against Sexual Assault



IN COLLABORATION WITH

Baltimore Child Abuse Center
Baltimore City State's Attorney's Office
Baltimore Police Department
The Mayor's Office on Criminal Justice,
Mayor Stephanie Rawlings-Blake
Mercy Medical Center Forensic Nurse Examiner Program
Sexual Assault Legal Institute
TurnAround, Inc.

Design by Glowfly Creative.

Preparation of this document was supported by grant number BJAG-2009-1016, awarded by the Governor's Office on Crime Control & Prevention and grant number 2010-SW-AX-0037, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings and conclusions expressed in this document are those of the author(s) and do not necessarily represent the official position or policies of either funder.

BACKGROUND

On June 27, 2010, the *Baltimore Sun* reported that Baltimore City had the highest percentage of unfounded rape cases of any city in the country for the past four years (see Appendix A).

More than 30 percent of the cases investigated each year were determined by officers to be false or baseless. This is five times the national average. The paper reported that in four of 10 emergency calls to police involving allegations of rape,¹ officers classified the calls as false or baseless and were not referred to sex crimes detectives for investigation. The increase in unfounded rape cases coincided with an 80% decline in the number of rapes reported by the Baltimore Police Department – compared to a national decline of 8% during the same period as reported by the Federal Bureau of Investigations.

(*The Baltimore Sun*, 6/27/2010)

Baltimore's Mayor, Stephanie Rawlings-Blake, responded to the article on June 28, 2010 with the following statement: "I am deeply troubled to learn about the high number of unfounded rape complaints and the decline in reported rapes over the past decade. The data shows the critical need to immediately address the issue with a comprehensive review of investigative practices and response.

Sadly, rape is one of the most underreported crimes because women are often ashamed and afraid to confront their attackers. We need to do everything in our power to ensure victims² of sexual assault feel safe reporting incidents to [the] police. No victim should ever suffer in silence.

THE UNIFORM CRIME REPORT AND MARYLAND LAW BOTH DEFINE RAPE AS FORCED OR ATTEMPTED FORCED VAGINAL INTERCOURSE; THEREFORE, MANY SEXUAL ASSAULTS ARE NOT CAPTURED BY STATISTICS ON RAPE.

¹The Uniform Crime Report defines rape as forced or attempted forced vaginal intercourse; therefore, many sexual assaults are not captured by this statistics, e.g., forced anal or oral intercourse. Similarly, Maryland law also defines "rape" as involving vaginal intercourse; so many sexual assaults are not captured by this term. Criminal Law Art. §3-303-304.

²For the purposes of this report, we have chosen to use the word "victim" instead of "survivor" or "victim/survivor" because it is the term used by Maryland law and within the criminal justice system. We acknowledge that some people who have experienced sexual assault prefer "survivor" and encourage respect for these choices.

The Baltimore Police Department must examine their current practices and work with leading sexual assault experts to develop and implement new best practices that encourage victims to come forward. Accordingly, I have tasked the Mayor's Office on Criminal Justice to take a leadership role with the Sexual Assault Response Team to oversee the development and implementation of improved Baltimore Police Department practices. Commissioner Bealefeld has assured me that the Department is conducting a full audit of unfounded complaints and an internal review of training and investigative practices."

"WE NEED TO DO EVERYTHING IN OUR POWER TO ENSURE VICTIMS OF SEXUAL ASSAULT FEEL SAFE REPORTING INCIDENTS TO [THE] POLICE.

NO VICTIM SHOULD EVER SUFFER IN SILENCE."

MAYOR STEPHANIE RAWLINGS-BLAKE

On December 1, 2010, Mayor Rawlings-Blake and Police Commissioner Frederick H. Bealefeld, III instructed administration officials to:

- Conduct a full and transparent audit of unfounded rape cases;
- Review internal procedures and improve investigative processes;
- Work with Sexual Assault Response Team (SART)³ partners to develop and implement best practices;
- Improve training for Baltimore City detectives and other relevant staff;
- Reduce the number of unfounded sexual assault complaints; and
- Treat all victims with dignity and respect.

City officials began by announcing the creation of a new helpline for victims of rape and sexual assault in Baltimore City. The helpline is operated by TurnAround, Baltimore City's rape crisis and recovery center. Victims who had experienced a rape or sexual assault in Baltimore City were encouraged to call the helpline to seek support and services. In addition to those cases already determined unfounded by the police, any victims who contacted the TurnAround helpline expressing concern with the Baltimore Police Department's handling of their cases were to be referred to the Mayor's Office on Criminal Justice for inclusion in the audit.

³A SART is a multi-disciplinary team that includes local law enforcement, forensic nurse examiners, prosecutors, victim advocates, crime lab personnel and others depending on the jurisdiction.

The Mayor also assigned the Office on Criminal Justice to lead the audit process, in cooperation with the SART. The Office on Criminal Justice expanded the SART beyond its original members which included: the State's Attorney's Office; the Baltimore Police Department, including the crime laboratory; the Mercy Medical Center Forensic Nurse Examiner Program and TurnAround. The following partner organizations joined the original members: the Baltimore Child Abuse Center; additional departments within the Baltimore Police Department, including the Child Abuse Unit and Legal Affairs; the Mayor's Office on Criminal Justice; the Maryland Coalition Against Sexual Assault and the Sexual Assault Legal Institute.

A SART IS A MULTI-DISCIPLINARY TEAM THAT INCLUDES LOCAL LAW ENFORCEMENT, FORENSIC NURSE EXAMINERS, PROSECUTORS AND VICTIM ADVOCATES.

The expanded SART first met on July 8, 2010 and identified the following initial steps:

- Creation of a protocol for addressing and transferring calls made to the helpline from TurnAround to the Baltimore Police Department;
- Request and review of a legal opinion regarding inclusion of external parties in the audit;
- Development of training for Baltimore City Police's audit team, as well as for the sex offense detectives;
- Exploration of case management software to aid in tracking and managing cases across agencies; and
- Submission of a grant to support SART activities to the Governor's Office on Crime Control & Prevention through the Edward J. Byrne Memorial Justice Assistance Grant.

This annual report provides a summary of the SART's activities for the fiscal year, which ended on June 30, 2011. The report also provides lessons learned from the experiences of the SART and its participants in hopes that this may be of help and support to other jurisdictions across the State of Maryland and nationally.

THE FIRST YEAR

The SART met monthly beginning on July 8, 2010 and throughout the first year. Two committees were established to address best practices and the audit, and it was determined that a representative from each organization would participate on the committees. The Best Practices Committee met monthly throughout the reporting period, and the Audit Committee met regularly from August 2010 through October 2010. A third committee addressing public outreach was subsequently established in March 2011. An overview of the committees and their key outputs are provided below.

BEST PRACTICES

The Best Practices Committee was charged with identifying national and local best practices and drafting a SART mission statement and memorandum of understanding (MOU). *(Please see Appendix B for a full listing of committee members.)*

The committee reviewed the following best practices and guidance documents:

- A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents, U.S. Department of Justice, Office on Violence Against Women, September 2004
- Model Policy on Investigating Sexual Assaults, International Association of Chiefs of Police, and accompanying Concepts and Issues Paper (2005)
- Sexual Assault Investigative Guidelines, International Association of Chiefs of Police, 2008

- SART Handbook, Oregon Attorney General's Sexual Assault Task Force, 2009
- False Reports: Moving Beyond the Issue to Successfully Prosecute and Investigate Non-Stranger Sexual Assault, Lonsway, Archambault, and Lisak, National Center for the Prosecution of Violence Against Women, The Voice, American Prosecutors Resource Institute, Volume 3, Issue 1, 2009
- Advocates and Law Enforcement: Oil and Water? Lonsway and Archambault, SATI E-News, December 2007
- SART Toolkit: Resources for Sexual Assault Response Teams, Department of Justice, Office for Victims of Crime, March 2011

Additionally, members of the SART traveled to Philadelphia on October 12, 2010 to meet with representatives from a number of agencies addressing violence against women and children, including advocates and law enforcement. The city of Philadelphia had experienced issues similar to those in Baltimore – with a high rate of rape complaints dismissed at the early stages of reporting and a low number of reported sexual assault offenses in the late 1990s. Since that time, agencies in Philadelphia have undertaken a similar review process and enacted national best practices to address the issues. Members of the Baltimore City SART met with representatives from the Philadelphia Police Department Special Victims Unit, the Women's Law Project and Women Organized Against Rape. Discussions included audit processes, case review, partnership and cooperation among agencies, transparency relative to audit processes and outcomes and co-location of functions [i.e., police officers being located in hospitals where Sexual Assault Forensic Exams (SAFE) are conducted]. Representatives from the Philadelphia Police Department have expressed an interest in learning from the forensic services program at the Mercy Medical Center Forensic Nurse Examiner Program

and will be traveling to Baltimore to learn more about its operations.

Members of the SART also attended the United States Senate Judiciary Committee Hearing entitled "Rape in the United States: The Chronic Failure to Report and Investigate Rape Cases" on September 14, 2010. SART members sought to support their colleagues and to learn more about how others are addressing rape cases, from a national perspective. In addition, Police Commissioner Bealefeld and the Mayor's Office on Criminal Justice Director, Sheryl Goldstein, traveled to Washington in July 2010 to meet with the Director of the Office on Violence Against Women, Susan B. Carbon, to brief her on the status of sexual assault investigations in Baltimore, as well as to receive advice and guidance in moving forward.

In December 2010, the Director of the Sexual Assault Legal Institute was a guest speaker at the Best Practices Committee meeting to address a victim's ability to access her SAFE records, including copies of photographs. Based upon review of Maryland State Law regarding medical records, it was determined that victims who received SAFEs at the Mercy Medical Center Forensic Nurse Examiner Program

would be able to obtain paper records of their SAFE documentation and copies of photographs taken during the exam, because these items serve a dual purpose as medical records and forensic evidence. Requests for these records are made through the Mercy Medical Center Forensic Nurse Examiner Program.

Following its review of best practices, the committee provided drafts of a mission statement and MOU for the consideration and eventual approval of the full SART. The SART approved the following mission statement: To provide a collaborative, victim-centered response to sexual violence in our community. An MOU was ratified by the full SART and executed on April 13, 2011 by representatives from the following member organizations: The Baltimore Child Abuse Center, the State's Attorney's Office, the Baltimore Police Department, the Maryland Coalition Against Sexual Assault, the Mayor's Office

on Criminal Justice, the Mercy Medical Center Forensic Nurse Examiner Program and TurnAround. *(A copy of the MOU is provided in Appendix C of this report.)*

THE SART'S MISSION IS TO PROVIDE A COLLABORATIVE, VICTIM-CENTERED RESPONSE TO SEXUAL VIOLENCE IN OUR COMMUNITY.

Further output from this committee includes the development of a Best Practices checklist (see *Appendix D*), a 24-hour SART flow of response (see *Appendix E*) and a new process for data collection and sharing. As a result of recommendations of the best practices committee, basic data on number of victims served, cases investigated, forensic interviews completed, SAFE kits administered and processed and sex offenses prosecuted will be reported monthly at the SART meetings (see *Appendix F for complete list of data points*).

This data collection process will inform the scope of the multidisciplinary database that is being implemented across agencies. Victim service providers also completed a services assessment (see *Appendix G*) to take inventory of existing services and identify any areas of overlap or gaps in services.

The Baltimore Police Department reviewed its operations as a part of the Best Practices Committee and implemented new policies and procedures to help ensure that sex offense complaints are properly investigated. These include:

- Referring all sex offense complaints to the Sex Offense Unit where a full report must now be written; patrol officers can no longer “unfound” sexual assault complaints without the approval of a sex offense detective;

- Requiring a detective from the sex offense unit to respond to all sexual assault calls for service where a victim is located;
- Requiring the approval of an immediate supervisor and a commanding officer of the Sex Offense Unit to unfound a sex offense complaint; and
- Instituting a more rigorous supervisory review of all sex offense investigations.

See Appendix H to review the Baltimore Police Department's Personal Crimes Unit Standards Operation Procedures, Sexual Assault Investigations and a General Order issued January 7, 2011 regarding rape and sexual assault.

A DETECTIVE FROM THE Sex Offense Unit [IS NOW REQUIRED] TO RESPOND TO ALL SEXUAL ASSAULT CALLS FOR SERVICE WHERE A VICTIM IS LOCATED.

The shift in policies and procedures also led to personnel changes within the Sex Offense Unit. A new commander was appointed and the unit's staffing was increased to meet the expanded investigative needs.

The new State’s Attorney, who was elected in the fall of 2010 and took office in January 2011, is committed to working with the SART to improve the quality of sex offense investigations and trials in Baltimore City. To achieve this goal, a set of best practices for sex offense cases is being identified and developed. The incorporation of these practices into the daily work of the State’s Attorney’s Office will enable the strongest possible cases to be brought to court. At the same time, these efforts will be designed to ensure that sex offense victims are fully informed of the progress of their cases and connected with the services and support they may need.

The new State’s Attorney’s Office administration has made personnel changes to the Sex Offense Unit, including the hiring of a new Division Chief, who is an expert in the prosecution of cases involving complex forensic evidence, and a new Deputy Division Chief, who is a former senior attorney and training coordinator at the National District Attorneys Association in the area of sex offense and sexual child abuse. The State’s Attorney’s Office has also transferred a senior homicide prosecutor into the unit to further bolster the trial expertise of the unit.

The State’s Attorney’s Office will ensure that victims receive information regarding their case and provide victims, their advocates and their attorneys with opportunities to meet with prosecutors. When a determination is made by law enforcement to unfound a case or by the State’s Attorney’s Office not to prosecute a case, the State’s Attorney, in coordination with the members of the Baltimore Police

Department, will meet with the victim to explain the reasons for the decision.

The State’s Attorney’s Office has hired a Training Director who is working with the Division Chief of the Sex Offense Unit to identify training programs for the prosecutors in the unit.

The State’s Attorney’s Office and the Baltimore Police Department will continue to strengthen collaboration between detectives and prosecutors in the investigation of sex offense cases.

In addition, representatives from the Mercy Medical Center Forensic Nurse Examiner Program enacted a new advocacy sign-in process, and TurnAround has completed revisions to its helpline protocol and policies.

The Best Practices Committee changed its name to the Policies and Procedures Workgroup in June 2011 to reflect its goals of continuing to advance and improve team and agency policies and procedures in the next calendar year.

AUDIT

The Audit Committee was charged with reviewing all unfounded rape cases from the period beginning January 2009 and ending August 2010. *(Please see Appendix B for a full listing of committee members.)* The committee members met regularly from August 2010 through October 2010 and reviewed cases referred through the helpline and all the unfounded reports of the sex offense detectives and a sampling of those from patrol. Additionally, they

also revised a sampling of other forms of sexual assault (exclusive of rape) that were unfounded. After November 2010, the committee moved to monthly meetings to review all unfounded cases occurring within the past month and a random sampling of other cases during that time period.

Detectives partnered with victim advocates from TurnAround to re-interview the victims from the 2009 and 2010 cases that were audited. Information from these interviews was presented to the Audit Committee to determine whether the cases were correctly classified. The committee members also reviewed the cases to inform best practices for investigations moving forward.

The committee made recommendations regarding whether each case should remain unfounded, be reopened, reclassified and further investigated. Where there was disagreement among members of the committee, the committee determined to reopen the case. If a case was reopened, the committee then recommended an appropriate classification for the reported crime based on available information.

From August 2010 through October 2010, the committee reviewed 134 cases of rape and/or sexual assault that had been unfounded between January 2009 and August 2010. Sixty cases were found to be properly unfounded.

AUDITED CASES UNFOUNDED BY BALTIMORE SEX OFFENSE UNIT			
	Reported Rapes	Calls for Service	Sampling of Other Sexual Assault Complaints
Reclassified as Rape	25	1	3
Reclassified as Attempted Rape	1	0	0
Reclassified as Age-Based Sex Offense	1	0	0
Reclassified as Sexual Abuse of a Minor	2	0	0
Reclassified as 1st Degree Sex Offense	1	0	0
Reclassified as 3rd Degree Sex Offense	1	0	1
Reclassified as 4th Degree Sex Offense	1	0	0
Reclassified as Possible Sex Offense	20	10	3
Reclassified as Incest	1	0	0
Recoded from Rape to Assault	2	0	0
Recoded as Domestic Assault	0	1	0
Correctly Unfounded	43	8	9
TOTAL	98	20	16

Please see www.mcasa.org for Maryland sexual crime statutes.

Additionally, the Audit Committee reviewed 14 calls that were taken by the TurnAround helpline staff:

- One case that was unfounded was reopened as a sex offense.
- Four cases were currently open and, to date, no suspect had been identified.
- Two cases had been investigated by the Baltimore Police Department and were closed by exception with the concurrence of the State’s Attorney’s Office.
- Two cases resulted in charges being brought against the suspects; however the victims were dissatisfied with the court outcomes.
- One incident did not occur within Baltimore City and was referred to the District of Columbia where the assault occurred.
- Four cases had not been previously reported and were investigated.

During the course of its work, the Audit Committee also identified a number of policy and procedural changes that have been implemented by members of the SART. They include:

Law Enforcement

The Baltimore Police Department will:

- Transport victims directly to an emergency room for care prior to a police interview.
- Define unfounded cases as false, baseless or cases in which a crime did not occur.
- Require a case review and authorization by an immediate supervisor and the Unit Commander before a case is classified as unfounded.
- Not unfound a case simply on the basis of reported inconsistencies in the

victim’s statement (for example, dates, the color of an offender’s clothing, etc.); corroboration is required in such instances to unfound a case.

- Require that recantations are thoroughly investigated and corroborated before they are used as a basis to unfound a case.
- Require additional evidence when there is a lack of medical evidence (i.e., genital injury); the lack of medical evidence is not, in and of itself, sufficient to unfound a case.
- Include general sensitivity and information about how victims react when they have had multiple traumas (e.g. the child sexual abuse survivor who is raped as an adult) in all trainings for sex offense detectives. Trainings will also include information about victim-selection by offenders.
- Follow up on statements of fear to help assess whether a “threat of force” element could be supported, in consultation with the State’s Attorney’s Office.
- Not use threat of arrest to impact a victim’s statement or actions. In cases where it is discovered that the victim is wanted on an outstanding warrant, the Baltimore Police Department will advise the victim at the end of the preliminary investigation of the warrant, and she/he will proceed to processing. It should also be noted that if a person comes to the Baltimore Police Department under arrest for a crime committed prior to reporting a sexual assault, she/he will be advised that the preliminary investigation will still move ahead, but she/he will still be processed for the charge.



- Verify a perpetrator’s age when the victim is under the age of consent.

State’s Attorney’s Office

The State’s Attorney’s Office will:

- Establish a process to assure that victims receive information regarding their case and provide victims, their advocate and their attorney with an opportunity to meet with the State’s Attorney’s Office.
- When a determination is made by law enforcement to unfound a case or by the State’s Attorney’s Office not to prosecute the case, the State’s Attorney’s Office, in coordination with the Baltimore Police Department, will meet with the victim to explain the reason for the decision.

SAFE Programs

- Victims age 12 and under will be transported to University Hospital for care; victims ages 13 and above will be transported to the Mercy Medical Center Forensic Nurse Examiner Program.
- Rape kits will be processed on all cases involving children, even when the complaint involves only verbal reports or is otherwise unclear.

Baltimore Child Abuse Center

The Baltimore Child Abuse Center will:

- Take responsibility for all child abuse cases where the victim is under the age of 16.
- Conduct a weekly team review to identify risk factors, including whether the victim(s) has been treated by the center previously, whether a mistake in protocol occurred and any other factor that would benefit from multi-disciplinary review.

SART

- The SART will establish standards for responding to sexual assault victims and undertake systems review to improve this response.
- No member of the SART will use a “waiver” or request that a victim sign a statement stating she/he does not wish to prosecute a sex crime.
- Support an amendment of the sex crimes statutes to make sex without consent a crime (i.e. address problems with force/threat of force requirement).
- Support an amendment of the sex crimes statutes to classify as a crime the penetration of a child without regard to which orifice on the child is penetrated or which body part/object the perpetrator used.

Lastly, the audit process identified issues and trends in those sexual assault cases which had previously been incorrectly unfounded to determine corrective action through changes in policies, procedures and training. Previous national studies have shown that characteristics of the victim and of the sexual assault incident can have a significant impact in charging decisions. The audit process undertaken by the SART identified that victim characteristics and behavior at the time of the incident may have influenced decisions regarding some initial investigations, which has had implications for training and for changes in protocols – for example, a victim’s recantation, a description of the assault which may change over time, a previous intimate relationship with the alleged perpetrator, use of alcohol and/or drugs, etc.

PUBLIC OUTREACH

The Public Outreach Committee is charged with identifying an outreach strategy to reach Baltimore City’s residents. *(Please see Appendix B for a full listing of committee members.)* The committee is still executing its work, but has identified two key messages for the campaign:

- Reach survivors of sexual assault with the message that help is available and refer them to the TurnAround helpline for support; and
- Alert the citizens of Baltimore that the

Baltimore City government is working diligently across city departments so that all victims of sexual assault are treated with “dignity and respect.”

The campaign, which is expected to launch in Fall 2011, will include a kick-off press conference, a broadcast public service announcement featuring the Mayor, bus advertisements, educational postcards, educational stickers placed in area restaurants, web and social marketing components and town-hall style meetings.

TRAININGS

Meeting the Mayor’s charge to increase training opportunities for members of the Baltimore Police Department, the following trainings have occurred during the reporting period:

Date	Topic	Presented by
August	Sexual Assault Myths and Misconceptions, Statistics, Impact of Trauma, Interviewing/Interrogation	Maryland Coalition Against Sexual Assault (MCASA) and a partner from Howard County Police Department
October	Training on Human Trafficking	Mercy Medical Center Forensic Nurse Examiner Program, with the following speakers: Detective Adrian Sanders and Susan Ritter, LSW, Immigration and Customs Enforcement; Julie Janovsky, Polaris Project; and Diane Bayly, U.S. Conference of Catholic Bishops
November	Forensic SAFE Exams	Mercy Medical Center Forensic Nurse Examiner Program SAFE Coordinator
November	Serology, DNA and CODIS	Baltimore Police Department Trace Analysis Unit
November	Realities of Sexual Assault and Victim Behavior: Best Practices for Law Enforcement Investigations	MCASA and state partners from Johns Hopkins University, the Maryland Crime Victim’s Resource Center, and Prince George’s County Police Department
November	Sexual Assault from the Victim’s Perspective	TurnAround, Inc.
April	International Conference on Sexual Assault, Domestic Violence & Stalking	End Violence Against Women International (EVAW)
May	Investigating and Prosecuting Sexual Assault: Beyond the Basics	Joanne Archambault, Executive Director of EVAW and President and Training Director of SATI, Inc. (Sexual Assault Training & Investigations)
May	Sixth National SART Training Conference	SANE-SART Resource Service through the U.S. Department of Justice, Office for Victims of Crime

The Baltimore Police Department has expressed a commitment to provide ongoing training on topics that include interviewing techniques targeted to identified patrol officers, as well as detectives.

APPLICATION TO THE EDWARD J. BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT PROGRAM

On behalf of the SART, the Mayor’s Office on Criminal Justice submitted and subsequently received a grant for the 2010 Edward J. Byrne Memorial Justice Assistance Grant in the amount of \$278,000. The grant started on October 1, 2011 and funds:

- A full-time SART Coordinator to support the work of the SART and oversee the implementation and monitoring of the recommended policies and procedures. Ms. Heather Brantner has been hired as the SART Coordinator. She holds a master’s degree in counseling and has more than 14-years’ experience in the field of violence against women.
- A victim advocate at TurnAround. Ms. Laura Young has been hired as the Victim Advocate. Ms. Young has a masters degree in social work and more than 7 years of experience working with victims of sexual assault and domestic violence.
- A public outreach campaign (see *previous discussion under Public Outreach*).
- Video Equipment to record victim interviews as a prosecution aid has been installed.

- Software for a database to allow tracking of functions across all participating agencies. The Mayor’s Office on Criminal Justice will partner with the Baltimore City Health Department to adapt an existing case management system.
- Outsourcing of more than 60 backlogged rape kits for analysis. The Crime Lab has issued a request for proposals to outsource analysis. We expect analysis of these kits to begin in October 2011.
- Training for sex offense detectives (see *previous discussion under Trainings*).



INITIAL IMPACT

Early measures of success are just that—early. However, the SART members are encouraged by the progress made to date. In addition to key changes to law enforcement protocols and processes discussed earlier, the City of Baltimore has realized:

- **A 68% increase in the number of reported rapes** (as of May 31, 2011). Given that incidents of rape and sexual assault are vastly under-reported, this is positive as more of Baltimore City’s victims are reporting their assaults. (National studies show that only 36% of non-stranger and 55% of stranger assaults are reported to the police.⁴)
- **The number of unfounded rape and unfounded attempted rape cases has decreased 93%** (as of May 31, 2011) compared to the same period last year. As of May 31, 2011, 5 reports of rape were deemed unfounded.
- **The number of unfounded sex offense cases has decreased 67%** (as of May 31, 2011). Thirteen reports of sexual assault were deemed unfounded.

THE NUMBER OF UNFOUNDED RAPE AND SEX OFFENSE CASES HAS DECREASED BY 93%.



⁴A National Crime Victimization Survey, 2006.

LESSONS LEARNED FOR OTHER JURISDICTIONS

Care has been given throughout the year to memorialize steps taken by the SART and subsequent revisions to agency protocols and processes. While the ultimate goal of the SART’s efforts is to provide a victim-centered, collaborative response to sexual assault in Baltimore, the SART is also committed to sharing lessons learned so that other jurisdictions – both across Maryland and nationally – can benefit.

THIS UNPRECEDENTED REVIEW LED TO NUMEROUS REFORMS THAT HAVE FOREVER CHANGED AND IMPROVED THE WAY SEXUAL ASSAULT CASES ARE INVESTIGATED IN BALTIMORE, ENSURING THAT FUTURE VICTIMS OF SEXUAL ASSAULT WILL HAVE THEIR COMPLAINTS INVESTIGATED FULLY AND ARE TREATED WITH DIGNITY AND RESPECT.

MAYOR STEPHANIE RAWLINGS-BLAKE highlighting reforms during the 2011 State of the City Address

Specifically, we offer the following recommendations for law enforcement, SARTs and public officials.

For Law Enforcement

- It is imperative that reports of sexual offenses be addressed from a victim-centered perspective. Commitment to such a perspective must come from the

top-down and be communicated early and often.

- Incident reports should be written for all claims of sexual offense.
- Reports of sexual assault should not be deemed unfounded at the patrol level; approval of the sex offense unit’s commanding officer should be required.
- Rigorous reviews of a department’s standard operating procedures should be regularly conducted – with care taken to include a victim-centered, offender-focused perspective.
- Annual training on violence against women crimes should be provided for all sex offense unit detectives at a minimum. Patrol officers and dispatchers would also benefit from training.

For SARTs

- SARTs should execute an MOU to include all of the key member agencies and clarify key roles for each agency so as to avoid duplication. The MOU should be revisited on an annual basis.
- Members of the SART should be open-minded as to whether and how to include new members, new agencies or initiatives within a jurisdiction. SARTs should include representation from law enforcement, advocacy, the State’s Attorney’s Office, medical and crime lab. Additional community partners such as child advocacy centers, victims’ attorneys, representatives from local colleges and/or universities and non-traditional service providers should be considered.

- Representatives should hold decision-making authority within their organizations/departments, and front-line staff should be included as appropriate.
- Case reviews should be conducted regularly. Some jurisdictions, depending on the amount of cases, may conduct reviews on a monthly basis and others on a quarterly basis.
- A random, annual audit of cases should be conducted, and the audit team should include representatives from multiple disciplines, including medical, advocacy and victims’ attorneys, in addition to law enforcement.
- SART members should receive annual training on updated research and laws pertaining to sexual assault and new relevant methods for working with victims. Cross-training is strongly recommended.
- Team members in the criminal justice field should receive regular training on how to remain victim-centered and offender-focused to avoid victim blaming and re-traumatization and to promote offender accountability.

For Public Officials

- A commitment to treating victims with dignity and respect and to holding offenders accountable should be clearly communicated.
- Shortcomings should be acknowledged and fixed.
- Progress should be communicated early and often.
- All communications should be open, transparent and clear.

A Word on Collaboration

It is difficult to address the mission and work of a SART without directly speaking to the issue of collaboration. While the SART has encountered its share of challenges and successes during this reporting period, ultimately, it recommends two key tenets be held firmly to support effective collaboration:

1) Commit yourself and your organization to transparency.

A critical factor to gains made by the Baltimore City SART during this reporting period has been the ability of each SART member to open the relevant parts of its organization to review and consideration of the full SART. Without such transparency, the progress made to date in terms of changes to protocols, processes and procedures would not have been possible.

2) Respect one another's roles and expertise.

While we encourage cross-training to better facilitate and support effective communications and understanding, it is important to respect professional boundaries across disciplines. Some seemingly obvious,

yet important, examples include: a victim advocate should not offer medical advice; a forensic nurse should not offer legal advice; a police officer should not provide mental health counseling; and a prosecutor should not dust for fingerprints at a crime scene. As important, the perspective of each member of a SART is different. Forensic nurses must remain neutral in order to be effective witnesses; advocates follow the direction of the victims; and prosecutors ultimately represent the State, not the victim. While all SART members may share the goal of responding to victims and promoting justice, that does not mean their roles are the same.

In the Coming Year

Over the next year, the SART will continue to work diligently on the following ongoing tasks:

1) Continued bimonthly case review

to ensure appropriate victim care and treatment, sound investigative practices and case prosecution.

2) Review of any new or updated best practices, research or techniques in the investigation and prosecution of sexual assault crimes.

3) Concentrated outreach to victims in the community to ensure they are aware of available services.

4) Track cases as they progress through the system to identify and address issues and follow outcomes.

Future goals include:

1) Instituting victim satisfaction surveys and focus groups to ensure that the changes in policy are making a difference to those directly affected.

2) Conducting continued outreach to the community with an effort to reach primary and secondary victims, as well as bystanders.

3) Implementing a new SART Officer Initiative that would identify patrol officers on every shift in every district who are already competently investigating and managing sexual assault cases to: a) provide them with additional specialized training and b) allow them to serve as role models and resources in their districts.

4) Providing SART cross training between SART members, as well as outside content and skills training, to ensure that all partners understand the issues of sexual assault and are well-qualified to assist victims in a variety of contexts.

The Mayor's Office on Criminal Justice has applied for additional Byrne grant funds to support efforts in year two. Regardless of the receipt of additional funds, however, the Mayor's Office is dedicated to correcting any outstanding issues and will be committed to ensuring that all sexual assault victims receive the best care, thorough investigation of their cases and prosecution consideration.

APPENDICES

Appendix A	June 27, 2010 Baltimore Sun Article
Appendix B	Lists of Team, Committee and Workgroup Members
Appendix C	Memorandum of Understanding
Appendix D	Best Practices Check List
Appendix E	SART Flow of Response
Appendix F	Data Collection Form
Appendix G	Agency Service Assessment
Appendix H	Baltimore Police Department’s Personal Crimes Unit Standards Operation Procedures, Sexual Assault Investigations and General Order Dated January 7, 2011, Regarding Rape and Sexual Assault
Appendix I	July 8, 2011 Baltimore Sun Article

THE BALTIMORE SUN
<http://www.baltimoresun.com/news/bs-md-ci-rapes-20100519,0,5338041.story?page=1>

City rape statistics, investigations draw concern
Police defend tactics, but mayor orders review

By Justin Fenton, The Baltimore Sun
10:27 a.m. EDT, June 27, 2010

The 32-year-old woman was walking through a midtown alley last January when a man pressed a gun to her shoulder and told her, “Don’t scream.”

At the hospital, where she was treated for vaginal bleeding, the woman recounted being raped at gunpoint, in a vehicle with black leather seats. When it was over, her attacker told her to walk away slowly and not look back.

The police detective’s report reflects the tone of his questioning in the hospital room: Why had she waited two hours to call police? Why didn’t she flag down a squad car? Where was she coming from before she was assaulted? Who was she with? Frustrated, the woman retracted her statement and signed a new one saying that nothing had happened.

No longer a rape, the incident was now classified as “unfounded,” police parlance for saying the victim was lying or they do not believe a crime occurred.

It’s the type of change that happens dozens of times each year, and more often in Baltimore than any place else.

The Baltimore Police Department has for the past four years recorded the highest percentage of rape cases that officers conclude are false or baseless of any city in the country, according to The Baltimore Sun’s review of FBI data.

More than 30 percent of the cases investigated by detectives each year are deemed unfounded, five times the national average. Only Louisville and Pittsburgh have reported similar numbers in the recent past, and the number of unfounded rape cases in those cities dropped after police implemented new classification procedures.

The problem in Baltimore may go deeper.

In 4 of 10 emergency calls to police involving allegations of rape, officers conclude that there is no need for a further review, so the case never makes it to detectives — a proportion that experts say is disturbingly high.

The increase in unfounded cases comes as the number of rapes reported by Baltimore police has plunged —from 684 in 1995 to 158 last year, a decline of nearly 80 percent. Nationally, FBI reports indicate that rapes have fallen 8 percent over the same period.

Advocates who work with rape victims and experts who have reviewed police figures in other cities say they are concerned about Baltimore’s statistics. They worry that investigative tactics used by police might distort the scope of the problem and discourage victims from coming forward.

They say Baltimore police have expressed a commitment to working with medical providers and victims groups, and they praise the efforts of many detectives. Still, women continue to report that they are interrogated by detectives, sometimes questioned in the emergency room or threatened with being hooked up to lie detectors.

Overall, say those who have reviewed the findings, the numbers just don’t add up.

“There’s nothing that we see in our work that makes a [more than] two-thirds drop in the number of sexual assaults and rapes in Baltimore make any sense, on any planet,” said Rosalyn Branson, executive director of Turn Around, a Towson-based group for victims of sexual assault and domestic violence.

Baltimore’s “excessively high unfounded rate with such a small number of rapes reported in the first place” should merit a look from the FBI, said Carol E. Tracy, who works with a nonprofit that has been reviewing rape reports for Philadelphia police for a decade. In that city, the department had been systematically miscounting sexual crimes.

Current and former sex offense detectives in Baltimore defended their investigations. Part of their mission, they say, involves rooting out illegitimate complaints that in the past would result in wasted effort and false arrests.

Many reports of rape are made for “ill gain, in order to gain assistance or cover up not coming home,” said one of the commanders of the unit, Lt. Thomas Uzarowski, in a March interview.

“The bottom line is, the case is only unfounded when the investigative facts prove the crime did not occur,” said Uzarowski, who retired from the department this month. “It’s not an opinion. It’s not anything other than where the facts fall.”

While Police Commissioner Frederick H. Bealefeld III and other top officials declined requests for interviews, Mayor Stephanie Rawlings-Blake ordered an audit of police procedures and statistics last week after The Baltimore Sun contacted her aides about these findings.

‘Victims do lie’

Experts on sexual assaults and police investigations say victims sometimes recant their stories to avoid interacting with police and prosecutors, particularly if they feel that their account is not being taken seriously. In those cases, they say, police should not record the incident as a false report.

Reports reviewed by The Sun were redacted to remove information about victims, witnesses and locations of the crimes. The omissions made it difficult to verify the police account and to learn whether the victims agreed with the officer’s decision.

This article refers to the women who made the reports as “victims” because that is how they have identified themselves, regardless of whether law enforcement agrees with that label.

Of 194 reports of rape or attempted rape received by Baltimore detectives last year, about 32 percent — or 62 in all — were determined to be unfounded, according to a March audit provided by the department. Police said that in the vast majority of those cases, the victim “admitted that the original allegation was untruthful.”

The reports show the complexity of cases brought to police. In a significant number of the cases, victims gave detailed accounts of an attack only to later say under questioning that the sex was consensual. In recanting, some said they had been afraid that they were pregnant or had contracted sexually transmitted diseases and did not know how to explain to boyfriends or parents. Many other cases involved children as victims.

One woman said she was high on drugs and that the encounter had been a hallucination; another was a prostitute who said she engaged in consensual sex but reported a rape after she was shortchanged by a customer.

The woman “stated she made the report because she was mad and tired of people thinking they can do what they want to people because of her situation being a prostitute,” the report read.

But in many cases, detectives, in their own notes, appear to be pressuring victims by explaining the consequences of lying, promising to seek camera footage or cell phone records, and focusing on inconsistencies.

The Baltimore squad that investigates sexual assaults and child abuse comprises 50 detectives. One of them, Detective Anthony Faulk Jr., is responsible for one-fifth of the unfounded reports, shelving 14 cases last year, including the alleged attack in midtown. No other detective had more than six such cases, and some have none. Attempts to reach Faulk through the department and police union were unsuccessful.

In one instance, he wrote that a 15-year-old girl vomited from anxiety as he threatened to leave and retrieve crime-scene video to discern whether she was lying about having been raped. When he came back, she recanted, but refused to sign a statement. “She crossed her arm and held her lips together in a manner suggesting that she had nothing additional to say,” the report reads. “This investigation is closed as unfounded.”

Advocates say police, here and elsewhere, too often put the initial focus on the victim in sex crimes. Victims often were engaged in activity that they are ashamed of or believe their story has to fit a certain account and end up changing details, they say. When they are challenged or feel the police are not interested in helping, many will change their stories. Studies suggest the percentage of rape claims that are false is between 2 percent and 8 percent.

“One of the things we know is that victims do lie,” said Gail Reid, the emergency room program manager for Turn Around, the victims group. “When the story doesn’t fit together, all these red flags go off and police start a biased process of challenging their credibility.”

Cities make changes

Rates of rapes and methods for classifying the crimes vary widely from place to place, but Baltimore’s numbers stand out. It is one of only two cities in the country that records significantly more homicides than rapes, the other being New Orleans, where police are also facing questions. More than half the rape reports there have been classified as noncriminal “complaints,” the Times-Picayune reported last year.

The rate of rapes per 100,000 people in Philadelphia and St. Louis – two cities that were found in recent years to be manipulating rape data and have made reforms – are more than double that of Baltimore.

“Unless there is an extraordinary crime prevention program going on in Baltimore that every other city would like to learn about, I think the numbers are very suspect,” said Tracy of the Women’s Law Project in Philadelphia.

Washington, San Diego, San Francisco and Atlanta are among cities with rates comparable to Baltimore’s.

After The Sun sought a response from City Hall, Rawlings-Blake ordered an audit of unfounded complaints and an internal review of training and investigative practices. She met Friday with Bealefeld and Sheryl Goldstein, director of the mayor’s office on criminal justice.

“I am deeply troubled to learn about the high number of unfounded rape complaints and the decline in reported rapes over the past decade,” Rawlings-Blake said in a statement. “The data shows the critical need to immediately address the issue with a comprehensive review of investigative practices and responses.”

Some cities experiencing high numbers of unsubstantiated rape reports have also been troubled by the statistics and changed reporting practices to avoid wiping reports off the books.

Sgt. Larry Scirotto said that when he took over the Pittsburgh Police Department’s sex offense unit two years ago, many cases in which the victim recanted or didn’t want to move forward were being marked unfounded, meaning the incident did not happen.

Scirotto said that was the wrong approach in a city that for years was, along with Baltimore, leading the nation in the percentage of police reports labeled unfounded.

He changed the procedures so those cases would be tagged “cleared by exception,” a designation that keeps the incident counted among the city’s crime totals but allows detectives to focus resources on other cases. The case can be revisited if the victim decides – whether through counseling or a change of heart – to pursue charges later.

“When you classify a crime as unfounded, it says you didn’t believe the victim, or that we determined a crime didn’t occur to begin with,” Scirotto said. “I’m not concerned with the statistics. I’m concerned about being able to prosecute at a later time.”

Interviews with advocates and victims, and a review of reports requested under a Public Information Act request, reveal an attitude of distrust by police toward victims and a reflex to dismiss rape reports both in the field and after investigating.

Lauren — who did not want her last name used to protect her privacy — believed that she might have been sexually assaulted last year after a night of drinking with friends. She drove to Mercy Hospital to get examined and reluctantly agreed to speak to a detective.

The initial officer listened and was comforting, she said, but a detective from the sex crimes unit immediately started an interrogation.

“He was lecturing me on the justice system and was giving me lectures about drinking,” she said. “He was also questioning me about, ‘Do you have a boyfriend? Does your boyfriend know about this? Sometimes people make up this stuff because they made a mistake. Just because you didn’t remember everything, doesn’t mean you didn’t want something to happen.’”

No report was taken to document Lauren’s concerns. Years ago, that might have happened, too, in Louisville, another city that once rivaled Baltimore’s rape statistics. But now, Louisville investigators say, such a case would result in a police report and a classification of “unsubstantiated,” which allows detectives to focus resources elsewhere.

Sgt. Andy Abbott said the Kentucky department has recently been using the in-house classification of “unsubstantiated” to keep cases open but put them on the back burner when necessary. Because of that change and others, the percentage of Louisville’s unfounded cases has dropped and the number of reported rapes has increased by 17 percent.

“Unsubstantiated means there’s a possibility a crime may have occurred, but we don’t have enough to prove one way or the other,” Abbott said.

Police: Investigations improve

For years, Baltimore’s percentage of rape allegations labeled as unfounded was in line with the national average. But by 1998, the rate had doubled from its longtime average. Concern arose in 2003, and the Baltimore Police Department undertook an audit that found it had under-reported rapes by 15 percent.

By the next year, when Commissioner Leonard D. Hamm took over the department, the percentage of unfounded reports had doubled again and increased to a high of 37.6 in 2006. It hasn’t fallen below 29 percent since, even as reported rapes continue to fall. Police could not explain the increase.

A review of FBI data from across the country shows significant disparities in rates of unfounded rapes. Though most have a percentage in the single digits, some cities, including New York and Cleveland, report zero – a number that experts say is just as eyebrow-raising as Baltimore’s high rate. The FBI does little to monitor the accuracy of reporting.

“Why is it that women in the greater Baltimore area are more disposed to lying about sexual assault than anyplace else in America?” asked Branson of Turn Around. “Is it in the water? What exactly would make us the ones most likely to tell a story about being sexually assaulted?”

Uzarowski, who spent 35 years with the Police Department, said sex crimes investigations have come a long way. When he started, there was no specialized unit.

Officers scrutinize data more closely and with greater urgency, he said. A commander retrieves sex offense calls and checks to make sure they have been assigned to detectives. If not, “that’s where we backtrack and find out whether there was no one on the scene, or was not anything suspicious, or a vacant building or a false call,” Uzarowski said.

He and Lt. Jon Foster both said they were pleased at the results of a recent audit of last year’s numbers.

“We probably have some of the best investigators around, and as such, I think we get to the facts,” he said. “I really think that the protocols we have in place are some of the best.”

Still, a significant number of claims don’t make it to detectives.

Calls handled on the streets

Department statistics show that about 40 percent of the 911 calls involving rape allegations each year are determined not to have merit or result in reports not being taken at the scene. For most of those calls, there is no documentation of why they were handled in that way, officials say.

“That’s a huge, huge number,” said Joanne Archambault, a longtime San Diego sex crimes investigator who consults with major police departments and reviewed documents provided by The Sun. “They’re not supposed to be unfounding these in the field.”

Last year, there were a handful of publicized incidents in Baltimore in which women alleging rape said police failed to take a report. Three officers were suspended in September after failing to take a report from a woman in Northwest Baltimore. Police were also investigating an incident in which a 24-year-old nursing assistant said officers drove away and later ripped up a report after she told them that a man had raped her.

The department has received an average of about 900 calls alleging rapes or attempted rapes each year since 2003, with reports written in about 540 — or 60 percent — of those instances, according to records provided by the department.

A spreadsheet provided by the department showed that in about 50 calls each year, officers gave reasons for not taking reports, such as being unable to locate the victim or not being able to find the address.

But about 300 calls each year on average were more broadly dismissed, with designations such as “no police service necessary,” or “complaint abated.” The most prevalent option has been to simply mark them “unfounded,” which officials say has been on the decline but is still troubling.

“Patrol [officers] ought to be bringing in the specialized units,” said Adam Rosenberg, director of the Baltimore Child Abuse Center and a former city sex offense prosecutor. “They can’t be making snap judgments out there. That’s what those units are there for.”

Deborah Holbrook administers the Sexual Assault Forensic Exam program at Mercy Hospital, which treats all city and county rape victims. As part of a task force of sexual assault responders, she said she has worked with police to better educate officers at district roll calls, including tips on preservation of evidence and how to interact with victims. Though she acknowledges that she is involved only in the medical aspect, she gives police high marks and said she wasn’t aware of any concerns.

“We’ve been getting back to basics, retraining everybody, making sure everybody is understanding the rules,” Holbrook said. “We don’t have any big issues on our plate.”

Many women who report attacks are less concerned with statistics than with receiving respect and compassion from police.

On the morning of Oct. 25, Danielle Mascioli was asleep with her girlfriend in their Linden Avenue apartment when the bedroom light went on. A masked man was standing at the foot of the bed, holding a knife. He began to tie Mascioli with a hairdryer cord and blindfold her.

Mascioli said the man took her aside and began to take off her shirt. Suddenly, her girlfriend ran from the room yelling and began knocking on neighbors’ doors. The man fled.

In the report, police describe the incident as an attempted sex offense, and say the case was relayed to the sex offense unit and assigned to a detective — Anthony Faulk Jr., the detective with the high number of dismissed cases. The incident was publicized by police amid a string of rapes and attacks that occurred about the same time, mainly in East Baltimore.

But the report classifies the incident as an aggravated assault rather than a sex offense. And in a subsequent encounter, she said, Faulk was rude and dismissive. She hasn’t heard from him since, and doesn’t particularly want to see him.

“This was such a life-changing event for me, and he didn’t even care,” she said. “Making victims feel safe is part of his job, and that part of the job description was completely out of the window.

“I really didn’t do anything,” she said. “It wasn’t my fault.”

justin.fenton@baltsun.com

Special Thanks

Special thanks are offered to the following members of the Baltimore City SART who have committed their time, talents and energies to address the concerns of sexual assault survivors in the city of Baltimore:

Baltimore City SART Members

- Altman, Anton, Sexual Assault Legal Institute
- Boden, Jennie, Maryland Coalition Against Sexual Assault
- Bowen, Bryan, Baltimore City Police Department
- Branson, Rosalyn, TurnAround, Inc.
- Brantner, Heather, Mayor’s Office on Criminal Justice
- Cardone, Amanda, Maryland Coalition Against Sexual Assault
- Chiafari, Francis, Baltimore Police Department, Crime Lab
- Embry, Elizabeth, State’s Attorney’s Office, Baltimore City
- Foster, Jon, Baltimore Police Department
- Fredericks, Gisselle, Baltimore City Police Department
- Goldstein, Sheryl, Mayor’s Office on Criminal Justice
- Green, James, Baltimore Police Department
- Hannan, Kerry, Baltimore Child Abuse Center
- Holbrook, Debra, the Mercy Medical Center Forensic Nurse Examiner Program
- Hollback, Sharon, State’s Attorney’s Office, Baltimore City
- Jones, Chris, Baltimore Police Department
- Jordan, Lisae C., Sexual Assault Legal Institute, Maryland Coalition Against Sexual Assault
- Labbe, Terri, Baltimore City Police Department
- McWhite, Cliff, Baltimore Police Department
- Palmere, Dean, Baltimore City Police Department
- Reid, Gail, TurnAround, Inc.
- Rosenberg, Adam, Baltimore Child Abuse Center
- Weaver, JoeAnn, Baltimore City Police Department
- Young, Laura, TurnAround, Inc.

Baltimore City Best Practice Committee
(now Policies and Procedures Workgroup) Members

- Brantner, Heather, Mayor’s Office on Criminal Justice
- Cardone, Amanda, Maryland Coalition Against Sexual Assault
- Chiafari, Francis, Baltimore Police Department, Crime Lab
- Embry, Elizabeth, State’s Attorney’s Office, Baltimore City
- Foster, Jon, Baltimore Police Department
- Green, James, Baltimore Police Department
- Hannan, Kerry, Baltimore Child Abuse Center
- Holback, Sharon, State’s Attorney’s Office, Baltimore City
- Holbrook, Debra, the Mercy Medical Center Forensic Nurse Examiner Program
- McWhite, Cliff, Baltimore Police Department
- Reid, Gail, TurnAround, Inc.

Baltimore City Audit Committee Members

- Alton, Anton, Sexual Assault Legal Institute
- Brantner, Heather, Mayor’s Office on Criminal Justice
- Chiafari, Francis, Baltimore Police Department, Crime Lab
- Embry, Elizabeth, State’s Attorney’s Office, Baltimore City
- Foster, Jon, Baltimore Police Department
- Goldstein, Sheryl, Mayor’s Office on Criminal Justice
- Holbrook, Debra, the Mercy Medical Center Forensic Nurse Examiner Program
- Hollback, Sharon, State’s Attorney’s Office, Baltimore City
- Jones, Chris, Baltimore Police Department
- Jordan, Lisae C., Sexual Assault Legal Institute, Maryland Coalition Against Sexual Assault
- McWhite, Cliff, Baltimore Police Department
- Reid, Gail, TurnAround, Inc.

Baltimore City Public Outreach Committee Members

- Boden, Jennie, Maryland Coalition Against Sexual Assault
- Brantner, Heather, Mayor’s Office on Criminal Justice
- Holbrook, Debra, the Mercy Medical Center Forensic Nurse Examiner Program

MEMORANDUM OF UNDERSTANDING

The partners listed below have agreed to enter into a collaborative agreement as members of the Baltimore City Sexual Assault Response Team (SART). A SART is a multi-disciplinary, interagency, coordinated system of response to victims of sexual assault. The mission of the Baltimore City SART is to provide a collaborative, victim-centered response to sexual violence in our community. The partners herein desire to enter into a Memorandum of Understanding setting forth the duties to be performed by the SART.

I) Partner Agencies:

- Baltimore Police Department
- Baltimore Child Abuse Center, Inc.
- Baltimore State’s Attorneys Office
- Maryland Coalition Against Sexual Assault
- Mayor’s Office on Criminal Justice
- Mercy Medical Center
- TurnAround, Inc.

Baltimore Police Department

The Baltimore Police Department (BPD) is a law enforcement agency duly constituted by State law with the responsibilities within the City of Baltimore to preserve the public peace, investigate and prevent crime, enforce the laws of this State and City, apprehend and arrest those persons who violate or are lawfully accused of violating such laws and ordinances, and to discharge its duties and responsibilities with the dignity and manner which will inspire public confidence and respect. The mission of the BPD, in partnership with the Baltimore community, is to protect and preserve life, protect property, understand and serve the needs of the city's neighborhoods, and improve the quality of life of our community.

Baltimore Child Abuse Center, Inc.

Baltimore Child Abuse Center (BCAC) is a private non-profit 501(c)3 children’s advocacy center. BCAC is the oldest children’s advocacy center in Maryland, and a chartered, accredited member of the National Children’s Alliance and the Maryland Children’s Alliance. BCAC’s mission is to provide all reported victims of child sexual abuse and assault in Baltimore and their non-offending caregivers with a multidisciplinary team response, forensic interviews, medical treatment, family advocacy, and referrals for mental health services in a supportive, child-friendly setting. All interviews are digitally recorded. BCAC operates an onsite medical clinic staffed by a pediatrician board certified in forensic medical exams for the children interviewed at BCAC. After-hours on-call interviewers are available to provide forensic interviews at area hospitals for acute cases as well as interview support for Baltimore County and federal investigations upon request. BCAC performs courtesy interviews for other jurisdictions and non-sexual related crimes upon request as well.

Baltimore State’s Attorney’s Office

The Office of the State’s Attorney for Baltimore City represents the State of Maryland in all criminal prosecutions that result from crimes charged by local law enforcement agencies occurring in Baltimore City. The Office is mandated under the Maryland Constitution and performs its duties in compliance with the United State’s Constitution, Maryland Constitution and the laws of the State.

Maryland Coalition Against Sexual Assault

The Maryland Coalition Against Sexual Assault, Inc. (MCASA) is the statewide collective voice advocating for accessible, compassionate care for survivors of sexual assault, and accountability for all offenders. MCASA actively works to end sexual violence in the State of Maryland through public policy, education, community outreach, technical assistance, and legal services and referrals.

Mayor’s Office on Criminal Justice

The Mayor's Office on Criminal Justice (MOCJ) is responsible for: coordinating criminal justice strategies within Baltimore City’s agencies; forming partnerships with state and federal agencies, community groups and non-profit organizations to address crime and criminal justice issues, assisting residents who are in

need of support due to their criminal background, and administering programs engaging communities in the prevention.

Mercy Medical Center

Forensic Nurse Examiner Program at Mercy

Since 1994 Forensic Nurse Examiner (FNE) Program at Mercy Medical Center is the designated medical sexual assault center for Baltimore City for patients 13 and older. The FNE Program provides Forensic Nurses to conduct 24/7 forensic medical interview, forensic medical assessment, evidentiary examination including photo documentation, and crisis intervention for patients who are affected by acute crimes of sexual assault. Patients presenting to Mercy are assured stellar, comprehensive forensic medical care and intervention for cases involving sexual assault, and interpersonal violence including domestic, elder, and vulnerable populations presenting with abuse, neglect or maltreatment. The Program works closely with partner agencies such as law enforcement, the State's Attorneys Office and advocacy, including Turnaround, to provide prompt, comprehensive care to patients who are victims of crime from anywhere in the state of Maryland.

TurnAround, Inc.

TurnAround is the designated assault crisis center for the jurisdictions of Baltimore City and County, providing a wide range of services to victims of sexual and intimate partner violence for over 30 years. In addition to clinical services for adults, adolescents, and children, TurnAround also provides community education, outreach, and victim advocacy. The ER Victim Advocates Program has provided immediate response to sexual assault victims in local emergency rooms since 1981.

II) History of Relationships

In 1994 Mercy Medical Center founded the Baltimore City SART in an effort to coordinate medical care and evidentiary examinations to victims of sexual assault in Baltimore City and County. Original members included Baltimore City Police, Baltimore City State's Attorney's Sex Offense Unit, Mercy Medical Sexual Assault Forensic Examiners Program, Mercy Medical Department of Social Work, TurnAround (formerly know as the SADVC), and Maryland Coalition Against Sexual Assault. This group formed the foundation for the current multidisciplinary SART framework used today.

In April, 2008 this group came together with a more diverse membership to address the 'Blind Reporting' mandates contained in the January, 2009 Violence Against Women Act Reauthorization. Due to the proactive stance of the SART, VAWA compliance was assured to victims of sex crimes in Baltimore City 6 months prior to federal request deadlines. Member agencies at that time grew to include Baltimore Police Sex Offense, Crime Lab and CODIS, and Legal Units, Baltimore City State's Attorneys Office, Mercy Medical Forensic Nurse Examiner Program (formerly SAFE) and Turnaround. Meetings were held quarterly to address "blind reporting" and other agency protocols, maintain open lines of communication and establish additional objectives, such as development of a Memorandum of Understanding.

In July, 2010 this group began meeting monthly to address relevant current practice and systems process improvement of the SART. The Mayor's Office on Criminal Justice, Maryland Coalition Against Sexual Assault (MCASA) and Baltimore Child Abuse Center (BCAC) began to attend to represent shareholders of the SART process.

III) Roles and Responsibilities

It is hereby agreed by and between the partners as follows:

Baltimore Police Department will provide to the SART and to victims of sexual assault:

- The BPD will provide a victim-centered response to reports of sexual assault that incorporates notification of victim advocates from TurnAround.
- The BPD will continue its participation in the SART and appropriate subcommittees, with representation from the investigative sex offense and laboratory divisions and legal affairs.
- The BPD will collaborate with the SART in periodic audits, case review and appropriate data sharing.
- The BPD will adopt and act in accordance with its revised Standard Operating Procedure and General Orders governing response to and investigation of reports of sexual assault drafted in collaboration with the SART.
- The BPD will adopt and act in accordance with its revised Standard Operating Procedure governing the screening and analysis of biological evidence collected in the investigation of cases of sexual assault drafted in collaboration with the SART.

Baltimore Child Abuse Center will provide to the SART and to victims of sexual assault under age 18:

- A forensic interview by a trained licensed social worker or psychologist for cases involving children under 18 and upon request for adults
- A digital copy of the interview conducted for law enforcement and prosecution. Digital copies may be reviewed upon request by the SART
- Availability of after-hours, on-call services for acute sexual assault cases involving children under 18, in which forensic interviewers will respond to the appropriate hospital to conduct the interview
- Medical examinations for non-acute cases
- Family Advocate support services as needed, in coordination with Turn Around's victim advocacy services, including making referrals and assisting with connection to mental health services for victims and their family members.
- Support and treatment groups
- Training and prevention
- Collaboration and participation with partner agencies
- Participation in regular SART meetings and in case review involving children under age 18.

The Office of the State's Attorney for Baltimore City will provide to the SART and to victims of sexual assault:

- Participation with the Baltimore Police Department in the investigation of sexual offenses
- Prosecution of legally sufficient sexual offenses
- Collaboration with SART member organizations to improve the investigation and prosecution of sexual assaults and the experience of victims in the criminal justice system
- Training for and in partnership with SART member organizations on legal aspects of the investigation and prosecution of sexual offenses
- Participation in monthly SART meetings, and committee/subcommittee meetings as appropriate

MCASA will provide to the SART:

The Maryland Coalition Against Sexual Assault, Inc. (MCASA) will participate in monthly Baltimore City SART meetings during Fiscal Year 2011 (October 2010 to September 2011).

- During FY2011, one MCASA executive or staff person will be assigned to and participate in any relevant committee.
- After FY2011, an MCASA representative will attend no less than every other monthly SART meeting and continue to serve on relevant committees.

MCASA will provide any requested training and technical assistance to Baltimore City SART members as it is able under the terms of its funding streams.

- MCASA will also suggest and encourage various training and professional development opportunities for SART members as it deems appropriate.

MCASA will generally serve as an informational resource for statewide and national best practices and provide legal guidance or clarification through its Sexual Assault Legal Institute (SALI) as it is able under the terms of its funding streams.

Mayor's Office of Criminal Justice will provide to the SART:

The Mayor's Office on Criminal Justice (MOCJ) supports the SART mission of providing a collaborative victim-centered response to sexual violence. The MOCJ will provide assistance to the SART in securing and administering grant funds, coordinating training for SART member agencies, providing employment supervision to SART Coordinator, and facilitating partnerships among local, State and federal agencies and organizations. The MOCJ will work with the SART to ensure that adopted policies and procedures are adhered to and periodically reviewed to ensure that they are promoting the physical and emotional well-being of sexual assault victims and successful investigation and prosecution of their attackers.

Mercy Medical Center will provide to the SART and to victims of sexual assault:

- Specially trained Forensic Nurse Examiners to respond to any patient who is an acute victim of sexual assault aged 13 and above who presents to Mercy Medical Center or any acute care setting within Baltimore City;
- A comprehensive forensic medical interview;
- A comprehensive forensic medical assessment and prompt treatment and referral for acute injury;
- An evidentiary examination for patients victimized by sexual assault seen within 120 hours or at discretionary judgment of the Forensic Nurse Examiner;
- An evidentiary examination for suspects of both acute and chronic major persons crimes including but not limited to sexual assault, rape, sodomy, homicide etc.
- Crisis intervention utilizing a host of sexual assault advocacy support providers including TurnAround;
- Fact and expert testimony including deposition for all case related court proceedings;
- Participation in SART meetings as well as sub-committees;
- Fostering partnerships between community agencies;
- Training in both proactive and reactive care of patient victims to law enforcement, schools, medical and nursing schools and universities and civic organizations

TurnAround will provide to the SART and to victims of sexual assault:

- Trained victim advocates to respond 24/7 to victims of sexual assault
- Victim advocacy services including crisis intervention, support, information, assistance with decision-making, linkage to resources and services
- Medical and law enforcement accompaniment
- Follow-up and outreach, including individualized support plans
- Vertical victim advocacy
- Participation in regular SART meetings and in case/systems review
- Collaboration with partner agencies including data collection
- Provision of and participation in training
- Provide referrals to SALI to provide legal advice and representation for victims

IV) **Commitment to Partnership/SART**



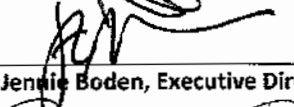
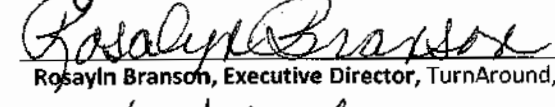
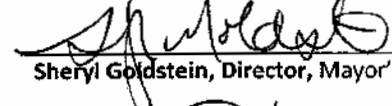

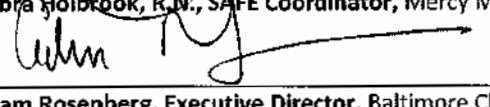
The partners recognize, in accordance with national standards, that the SART is an effective response to sexual assault victims, ensuring competent, coordinated, and comprehensive services for the benefit of the victim and the community. The SART model is based on evidence that collaboration strengthens response and produces more effective outcomes for the victim and for the criminal justice system. Each partner agency indicates a commitment to implementing and maintaining the SART by:

- Developing and upholding standards of practice and protocols to ensure a consistent, competent, and effective response to victims of sexual assault
- Participating in regular SART meetings and activities, including case and systems review, and training
- Identifying and addressing relevant trends and gaps in services, with an emphasis on constructive problem-solving
- Ensuring equal access to services for all individuals by recognizing diversity and addressing barriers to service
- Strengthening communication and collaboration among partner agencies
- Contributing to and maintaining a SART database

This Memorandum of Understanding shall be evaluated each year, no later than September 30 (beginning in Fiscal Year 2012) to reflect changes to protocols and procedures, to add or remove partners as necessary, or for other needed updates. This MOU becomes effective upon signature by all parties and will remain in effect until an update has been agreed upon by the members of the Sexual Assault Response Team and signed by appropriate signatories.

Any party may terminate this MOU by giving written notice of termination to the other parties with the understanding that any agreement not specified in the SART MOU shall be completed according to its own provisions.

We, the undersigned, have read and agree with this Memorandum of Understanding.

 Frederick Bealefeld, Commissioner, Baltimore Police Department	4/13/11 Date
 Gregg L. Bernstein, State's Attorney, Office of the State's Attorney for Baltimore City	4/12/11 Date
 Jennie Boden, Executive Director, Maryland Coalition Against Sexual Assault	3.15.11 Date
 Rosalyn Branson, Executive Director, TurnAround, Inc.	3-31-11 Date
 Sheryl Goldstein, Director, Mayor's Office on Criminal Justice	3-15-11 Date
 Debra Holbrook, R.N., SAFE Coordinator, Mercy Medical Center	4/1/11 Date
 Adam Rosenberg, Executive Director, Baltimore Child Abuse Center	4/8/11 Date

States Attorney’s Office

- 1. ____ Victim-centered -the needs and wishes of the victim should always remain forefront in a prosecutor’s consideration
- 2. ____ Offender-focused - focuses on the actions, behaviors, history, character, lifestyle, and values of the offender
- 3. ____ Meet the victim in person
 - a. ____ Inform victims of their rights as crime victims and for ensuring that those rights are respected by the criminal justice system.
 - b. ____ In conjunction with advocates, take the time to explain to victims the details of the case and the likely outcome of the criminal justice process.
 - c. ____ To provide the necessary support to victims, it is a best practice for prosecutors to arrange for an advocate to be present during all interviews and meetings with the victim.
- 4. ____ Inform victims of all case developments, including setbacks and potential barriers (motions for suppression of evidence by the defense, rulings to bar certain testimony, motions for case dismissal, etc.) and in a timely manner.
- 5. Deciding to charge:
 - a. ____ It is best practice for prosecutors to directly communicate with law enforcement during review of the case for consideration of criminal charges.
 - b. ____ Take a proactive role in identifying and acquiring information and corroborative details necessary to prosecute the case.
 - c. ____ Prosecutors must understand that offenders purposefully select victims who will be seen as lacking credibility as a result of their lifestyle choices, conduct, presentation, age, cognitive ability, and background.
 - d. ____ Choosing to file or not to file charges should be avoided until all of the information related to the circumstances leading up to and surrounding the sexual assault has been fully pieced together.
 - e. ____ If a decision is made not to file charges; the prosecutor should discuss the “no prosecution” decision personally with the victim.
 - f. ____ The prosecutor should also follow-up with law enforcement to discuss the issues surrounding the “no file” decision.
- 6. Prosecution
 - a. ____ It is the best practices to utilize vertical prosecution in sexual assault cases — having the same prosecutor take the case from Grand Jury through final disposition.
 - b. ____ In order to protect the privacy of the victim, enter a request for a protective order prohibiting the copying or dissemination of evidence or information of a sexually explicit nature that is part of a criminal case (if applicable).
 - c. ____ Consult with the victim on bail decisions, continuances, plea bargains, dismissals, sentencing, and restitution.
 - d. ____ Utilize sexual assault experts to assist with trial preparation and jury education whenever possible.
 - e. ____ Address rape myths during Voir Dire – studies show it can significantly impact conviction.
 - f. ____ Consult with the victim as part of the process to determine sentencing recommendations.
 - g. ____ Consult with victims to determine any requests for fines and restitution.

Advocacy

- 1. ____ Advocacy services should be initiated automatically rather than asking the victim if she or he would like an advocate to be called (victims may then have the option to decline advocacy services when the advocate is on site).
- 2. ____ Community-based “acute” advocates should respond to the hospital or law enforcement when a victim presents there in order to provide support during a medical exam, evidence collection, and law enforcement interview.
- 3. ____ Advocates do not encourage or discourage victims to report or participate in the criminal justice system.
- 4. ____ Whenever possible, provide “vertical advocacy” where a victim has the same advocate from first contact until services are no longer wanted by the victim, with additional advocates from law enforcement, the DA’s office, or community agencies joining this team, as needed.
- 5. ____ Provide culturally competent services.
- 6. ____ Commit to continued training with a focus on a broad understanding of the issues of violence against women.
- 7. ____ Advocates must be available 24 hours/7days per week.
- 8. ____ Offer services to the family and/or friends of a sexual assault victim, as well as to the victim.
 - a. ____ Best practice is to use a different advocate for family/friends than the one responding to the victim.
- 9. Referrals
 - a. ____ Keep all information accurate and their referral database up-to-date.
 - b. ____ When making referrals, the Advocate should facilitate the contact between the victim and the agency, service, or individual.
 - c. ____ Develop and maintain a list of local counselors who have the best training and the most interest in providing support to victims who have experienced sexual assault in the recent and more distant past.
 - d. ____ Provide information to victims in writing, preferably in their first language, that they can refer to again.
- 10. ____ All advocacy agencies and programs must provide victims with a reasonable expectation of confidentiality with respect to their conversations and exchanges.
 - a. ____ Obtain written permission from victims prior to contacting or sharing information with any other service providers and responders.
 - b. ____ Inform victims, prior to the victim’s disclosure, about the level of confidentiality that can—and cannot—be afforded to them.
- 11. ____ Advocates should keep records of their contact with victims in such a way that recognizes that their conversations and interactions with a victim are subject to subpoena.
- 12. ____ Advocates should disclose to victims their reporting obligations (CPS, APS, etc.).
- 13. ____ Advocates should provide victims with the Crime Victim Compensation application and be fully knowledgeable about what it will/will not cover.
- 14. Documentation
 - a. ____ Advocates should track and document services, information, and referrals.
 - b. ____ Advocates should exclude details of the victim’s personal history and they should never document their own personal observations of the victim’s demeanor, disclosures, and responses to the provision, or lack thereof, of services.
 - c. ____ Advocates should not take notes during the acute response (ER, SAO, police questioning)

Sexual Assault Investigations

- 1. ____ Victim-centered–treat each victim with consideration, professionalism and compassion; keep personal values, opinions judgments out of investigation. Acknowledge that victims are often selected by offenders because they are perceived as lacking in credibility. Understand impact of trauma and how it affects victim behavior.
- 2. ____ Offender-focused – Focus on victim’s lack of consent and/or offenders use of force/threat of. Acknowledges most sex offenders repeat their crimes and often commit related offenses (DV, child abuse, CSA, stalking); thus require complete background investigation. Looks at how “broad continuum” of force was used—most offenders use only the amount of “force” necessary to commit the assault.
- 3. ____ Standard practice of contacting and initiating advocacy & medical response, in addition to other needed responders such as translators, DSS
 - a. ____ Dispatch automatically initiates advocacy services when call received
 - b. ____ Do not be present during medical/forensic exam.
 - c. ____ SAFE nurse should take photos; non-genital photos may be taken by law enforcement
- 4. ____ During initial interview, obtain the “who what where when and how,” avoiding interruptions.
- 5. Victim interview (in-depth):
 - a. ____ If applicable, confer with SAFE nurse prior
 - b. ____ Help victims gain back sense of control by involving them in decision of when and where to hold the interview.
 - c. ____ Ask if victim would like support person/advocate present.
 - d. ____ Explain all processes during each step of interview and investigation.
 - e. ____ Establish rapport.
 - f. ____ Avoid asking “Why did you?” or “Why didn’t you?” questions or others than can be perceived as victim-blaming, unless context and purpose is fully explained
 - g. ____ Due to trauma, more memories may come up after the in-depth interview; be available for further contact and additional interviews.
 - h. ____ Never polygraph victims
- 6. Suspect interview
 - a. ____ Should be standard part of investigative response
 - b. ____ Do not dismiss victim’s report even if offender denies the sexual act was nonconsensual or comes across as more credible than the victim
 - c. ____ Always conduct in person
 - d. ____ Elicit provable lies, implausible accounts, partial truths, lack of denial, partial or complete admissions
 - e. ____ Consider using pre-text phone calls for corroboration, if the victim is comfortable
 - f. ____ Polygraph results can be used to confront the suspect and possibly elicit partial or complete admission or confession

- 7. Investigation
 - a. ____ Outcry witnesses are often the first to learn of the sexual assault and may provide corroborative details and/or increase credibility of victim’s account
 - b. ____ Suspect disclosure witnesses are those to whom the offender may have bragged about or disclosed their sexual “conquests.”
 - c. ____ Identify prior bad acts (“similar”) by interviewing suspect’s friends, family, roommates, former romantic partners, colleagues, etc. Often, sex offenses are “he said/they said” meaning that perpetrators have a history of sexually violent acts.
 - d. ____ Thoroughly document any “grooming” behavior used by the suspect to gain the victim’s trust–testing, selecting, and isolating
 - e. ____ Keep victim “in the loop” at regular intervals even if there is not any new information to report
- 8. Reports
 - a. ____ Consider using IACP Sexual Assault Supplemental Report Form or similar, for all reports of sexual assault
 - b. ____ Contain all elements of the crime
 - c. ____ Written in first-person
 - d. ____ Written using victim’s language and terminology (not “cleaned up” or sanitized)
 - e. ____ Document what “no” looked like or felt like for the victim (may not have been the word “no”)
 - f. ____ Document what the perpetrator’s use of force looked like—keep in mind the Use of Force Continuum for law enforcement which starts with officer presence
 - g. ____ Create a timeline of events that includes events illustrating victim’s trauma/ post-assault behavior (change in routine, dramatic weight loss, etc)
 - h. ____ Avoid using language of consent. For example “he forced his penis into her vagina” denotes lack of consent; “he had sex with her” implies consensual intercourse.

Crime Lab

- 1. ____ Acknowledge that law enforcement and prosecutors are in the best position to decide if evidence should be submitted for evidence, and thus processes those cases submitted.
- 2. ____ Work with law enforcement and prosecutors related to the investigation and prosecution of a sexual assault.
- 3. ____ Maintain an accurate and up-to-date list of local resources such as hospitals that are able to test for things that the lab may not (for example in some locations crime labs can’t blood test for drug-facilitated assaults).
- 4. ____ Foster open communication and an on-going relationship between the medical personnel/SANEs that processes the evidence so any issues with evidence collection can be quickly addressed.

Medical/Forensic Nursing

1. ___ Victim-centered- maintain medical neutrality and provide quality patient care; avoid formulating opinions about whether the assault occurred.
2. ___ Offender-focused – if conducting suspect exams, entryway must be separate from that used by victim.
3. ___ Medical practitioner and support person/advocate are only appropriate individuals to be present during exam
4. ___ Not role of medical practitioners to encourage or discourage victims to report
5. ___ History of assault to determine where to look for and gather evidence on patient’s body
6. ___ Thorough, objective medical documentation critical. Include direct quotes. Use simple descriptive vs. medical terminology. Avoid non-neutral terminology (e.g. refuses, non-compliant, alleges) that can be misconstrued in legal setting.
7. ___ Assess every victim for strangulation
8. ___ Medical evidence protected by HIPAA- develop and maintain proper consent and release forms
9. ___ Toxicology screens for drugs/alcohol should be obtained immediately if indicated by patient presentation or history
10. ___ Offer Emergency Contraception (EC) to all non-pregnant, post-menarcheal patients presenting within 120 hours
11. ___ Give specific follow-up information and referrals verbally and in discharge paperwork to address follow-up medical care needs
12. ___ Respect patient request for confidentiality; medical providers are not required to notify parents/guardians of minors.
13. ___ Encourage pretrial preparation.
14. ___ Be aware of issues commonly faced by patients from specific populations.
15. ___ Advocate can help explain what happens next in the legal process if victim has questions. Advocate can also help support family or friends (who may be showing signs of victim blaming.)
16. ___ SAFE nurse can ease transition to law enforcement officer by showing confidence in officer/detective’s approach
17. ___ Be flexible to change nature of exam if indicated by patient—may only want medical treatment at first but as comfort with process increases, may decide to want forensic exam. Or may wish to be “Jane Doe” and decide to report.
18. ___ Ensure storage policies which maximize evidence preservation.
19. ___ The need for testing for STIs should be considered on a case-by-case basis by examiners and patients.
20. ___ Encourage patients to accept prophylaxis against STIs if indicated.
21. ___ Do regular peer review with other SAFE nurses.
22. ___ Maintain and improve technical skills such as forensic photography which will help strengthen documentation of injuries or lack thereof.
23. ___ Medical facility may collect samples to be tested for drug facilitated sexual assault but should not test at medical facility.

Sources: Best Practices Oregon’s SART Handbook, IACP Sexual Assault Investigative Strategies and National Protocol for Sexual Assault Medical Examiners

Flow of Response to Sexual Assault in Baltimore City
by 3 Most Common First-Contact Agencies

Mercy Medical Center	911/Baltimore Police
<div><ul style="list-style-type: none">•For sexual assault patients aged 13 and above•Patient triage and registration; charge nurse to notify TurnAround/on-call sexual assault advocacy agency•Emergency medical treatment first if indicated•Patient will wait for Forensic Nurse Examiner (FNE) and victim advocate in Emergency Department Treatment or Family Room (not general waiting area)•If assault occurred <120 hours, obtain consent for forensic exam (If >120, evidence collected at FNE discretion)•If not accompanied by law enforcement: assist patient in completing Informed Consent form explaining the option for "Jane Doe" exam, and consent form from Maryland Department of Health and Mental Hygiene (DHMH)•Will procure sexual assault evidence collection kit from police or "Jane Doe Evidence Locker," ensuring kit has not expired•Blood work and urine specimens will be procured•FNE obtains and documents medical history of sexual assault which assists in determining bodily and/or clothing evidence locations•Head to toe physical examination performed•As indicated by medical history, the Sexual Assault Forensic Examination may include<ul style="list-style-type: none">•Oral, genital, and other bodily swabs,•Debris collection•Underwear/clothing collection,•Vaginal/cervical examination,•Anal/rectal examination, and•Pubic hair combing,•Various methods to assist in identification of possible injury will be utilized if indicated such as the Alternative Light Source and Toluidine Blue Dye•Forensic photographs will be taken•Sexually transmitted infections (STI) prophylaxis provided•Emergency contraception offered•Discharge instructions provided and follow-up care discussed with patient•"Jane Doe" kits stored at hospital; police pick up kits from assaults reported to law enforcement<ul style="list-style-type: none">•Chain of custody log maintained•All procedures documented thoroughly on evidentiary paperwork•Clothing to replace that which is needed as evidence is provided to survivors as needed</div>	<div><ul style="list-style-type: none">•Dispatch<ul style="list-style-type: none">•Dispatch all calls for service; provide responding units with all relevant information•Will only accept codes of "written report required" (oral report not sufficient)•Patrol<ul style="list-style-type: none">•If victim/reporting person is located, patrol will immediately contact Sex Offense or Child Abuse unit secure scene,•Take initial statement to establish elements of the crime•Broadcast suspect's description; identify suspect & suspect location if possible•Protect crime scene & any potential evidence•Transport 13+ victims to Mercy Hospital for SAFE exam•Transport 12 & under victims to University of MD Medical Center•Detectives<ul style="list-style-type: none">•Provide information victim advocate information to those victims not being transported to hospital due to late reporting•Victims' Interview Room will be location of on-site follow-up investigatory interviews•Baltimore Child Abuse Center conducts forensic interviews for victims aged 17 and under, and for vulnerable adults as requested•All interviews with victims and suspects recorded•Suspect SAFE kit performed on suspects who are apprehended or when appropriate•Suspect/s will be interrogated by 2 detectives•In consultation with supervisor, will plan a thorough follow-up investigation using all pertinent and available resources•Review other cases to ascertain if assault is part of a pattern•Consult with State' Attorney's Office with legal questions•Document all case activity in database•Follow up with victims in open cases at least 1x/week for 30 days, at 60 day mark, and upon arrest•Supervisors<ul style="list-style-type: none">•Patrol Division Sergeant to respond to scene of sex offense calls for service to supervise conduct of initial investigation & ensure appropriate procedure is followed•Shift commander to ensure subordinates' compliance with procedures•Sex Offense Unit Sergeants ensure investigation is conducted in fair, impartial manner, review case folders, ensure database notes are accurate and complete, approve/disapprove of cases classified as unfounded, randomly call victims to inquire about satisfaction with level of professional response from detective/s and patrol officer/s</div>

Baltimore City SART Monthly Sexual Assault Data Collection Form

Month:	Year:	
Agency	#	Notes
Baltimore Police Department		
New sexual assault cases (victims 16+)		
Rape/attempted rape		
Other sex crimes		
Cases referred for prosecution		
Unfounded		
Mercy Medical Center		
Adult (18+) exams (police report)		
Adult "Jane/John Doe"s		
Adult Converted		
Adolescent (13-17) exams (police report)		
Adolescent "Jane/John Doe"s		
Adolescent Converted		
Baltimore Child Abuse Center		
Sexual assault forensic interviews, total		
0-12		
13-15		
16-17		
18+		
Office of the State's Attorney		
Rape & sex offenses charged		
Nolle prosequi		
STET		
Convictions		
Of sex crime		
"Jane/John Doe"s		
Police accompaniments		
Court accompaniments		
Helpline calls		
BPD Laboratory		
Det. Requested SAFE kits received		
Child Abuse Unit		
Sex Offense Unit		
Total backlog		
No Det. Request SAFE kits received		
Child Abuse Unit		
Sex Offense Unit		
Total backlog		
SAFE cases processed/tested		

TurnAround, Inc.

•Helpline response

•Assess safety, determine needed emergency assistance

•Introduce need for medical care

•Inform of ability to have evidence collected and held anonymously; encourage preservation of evidence

•Advise that advocate may accompany to ER

•If caller not taking further action, discuss follow-up

•Provide support, planning for next 24 hours, safety planning, resource information

•Hospital accompaniment

•Identify, prioritize, address & advocate for victim’s self-identified immediate needs & concerns; assess & accommodate special needs, provide emotional support, validation & crisis intervention; provide information about options and procedures, and facilitate decision-making

•May facilitate communication between victims & other responders

•Provide support and referral services for secondary victims, while maintaining privacy and confidentiality of the victim

•Provide safety planning & follow-up, referral services & info (including vertical advocacy)

•Accompaniment to Investigative Interviews

•Attend to victim’s immediate priorities; encourage victim to identify any needs, questions, and concerns before beginning the interview

•Do not participate in/interfere with victim’s statement. May suggest break if the victim consents

•If victim wishes to terminate interview, withdraw from investigation, or recant, investigator may suggest that victim speak privately with the advocate about this decision

•Do not take notes during the interview. With consent from victim & investigator, may make notes to be given to the victim concerning important information to be retained

•May talk with victim after interview, allowing her/him to voice any feelings/concerns about the statement or interview

•Advocate & investigator to avoid any discussion of the case post-interview

•Follow-Up Care and Outreach

•Victim services specialist

•Contacts victim by mail or phone, with consent and as requested, within 72 hrs

•Offers a crisis appointment with a staff clinician,or an individualized support plan

•Implements support plan; provides connections to other resources/services, reviews safety plans, follow-up information, and any questions or concerns

•“Jane Doe” victims receive phone contact, with consent, at 3 month intervals for 12 mo. period, including notification of when evidence is to be destroyed

Baltimore City SART

Critical Elements and Agency Leadership for Sexual Assault Response—SART Assessment and Review

The purpose of this inventory is to encourage the multidisciplinary sexual assault response team to discuss and review which services are and are not offered, by which agency(s), and if duplication/overlap of services is a potential problems.

Critical Elements of Sexual Assault Response	Victim Adv.
Receive report of victim sexual assault	T, P, M, CL, S
Activate other services on behalf of sexual assault victim	T, P, C, M, S
Ensure initial safety for victim	T, P, C, M, S
Offer info/options to victim about services, decisions, costs	T, P, C, M, S
Determine need/consent for medical care	P, C, M
Arrange transportation to/from medical care	P, C, M
Advise victim of evidence preservation steps	T, P, SA, M, S
Work with secondary victims (family, friends, witnesses)	T, P, C, SA,
Record victim’s statements/condition	P, C, SA, M
Determine extent of medical attention and emergency care	P, M
Identify need and refer victim for emergency medical care	T, P, M, S
Inform victim of evidence collection/receive authorization	P, SA, M
Determine if victim wants advocate support during medical and/or forensic exam	T, P, M
Determine need and provide interpreters for victim	P, C, SA, M, S
Determine need for mandated reporting requirements	T, P, C, M, S
Determine need and activate legal guardianship	P, M
Conduct forensic examination	C, M
Collect and preserve evidence from the victim	P, C, M
Provide clothing/amenities for victim	M
Test for pregnancy/provide treatment for STD/EC	C, M
Obtain victim standards	T, P, M
Risk assessment/referral for suicide risk	T, P, C
Arrange for transportation home	T, P, C, SA, M
Inform victim of followup care resources	T, C, SA, M, S
Provide followup/aftermath services	T, P, C
Determine location of scene	C, M
Determine need for crime scene activation/resources	C
Determine if assailant is still nearby	C, S
Investigate crime scene, trace evidence, photos, etc.	SA, CL
Search warrants	
Collect suspect/assailant standards	M
Inform/assist victim with CVRC reimbursement claim	T, SA, M, S
Inform victim of law enforcement investigation	C, SA
Keep victim informed of case status	C, SA, S
Inform victim of pre-trial hearings and motions	SA, S
Accompany victim through legal proceedings	T, SA
Consider needs/rights of victim in scheduling proceedings	SA, S
Inform victims of reasons to consider a negotiated plea	SA, S
Describe optional courses of action for victim	T, SA, S
Ensure opportunity for victim impact statement as part of sentence considerations	SA, S
Include victim needs as part of sentence, such as restitution	SA, S

Notify victim about changes in offender status	SA
Notify victim of scheduled parole hearings	SA
Provide opportunity for victim testimony at parole hearings	SA
Notify victim of release and status of release	SA
Train/educate co-responding agencies on what each program does and what services are provided by each agency	T, C, S
Develop materials and outreach for public about services	T, C, S
Target hard-to-reach or at-risk populations about services	T, C, S
Review sexual assault cases to improve interagency response	T, C, SA, S
Share/compare data, trends, and timelines of how sexual assault cases move between systems	T, S

T= Turnaround
C= Child Abuse
P= Police

M= Mercy
CL=Crime Lab
SA=States Attorney

S=Sexual Assault Legal Institute (SALI)

BALTIMORE POLICE DEPARTMENT

Personal Crimes Unit



Standards Operation Procedures

“Sexual Assault Investigations”

The Criminal Investigation Division's Personal Crimes Unit (PCU) is responsible for investigating Rapes, Sodomy, and other Sexual Offenses pertaining to victims 16 years of age and older. Crimes of sexual violence are among the most difficult and most sensitive to handle as an Investigator. Often the intensity of the situation is determined by the emotional and physical condition of the victim. From the onset, it is the responsibility of the Investigator to create an environment of safety and trust with the victim so they feel comfortable when describing the assault. Each step of the investigation will be based on a "Victim Center Approach."

It is a common response for victims of sexual assault to experience symptoms described as "Rape Trauma Syndrome". Due to the trauma, a victim may present a wide variety of behaviors and reactions during the interview and investigative process. When working with a victim of a sexual assault, the role of the investigator is to obtain the necessary investigative information needed for a lawful arrest, without further traumatizing the victim. This can only be accomplished through patient and tactful questioning. Investigators must refrain from casting judgmental perspectives which could cause the victim to feel at fault for the crime.

General Crime Classification

It is the responsibility of the investigator to weigh and evaluate all information prior to making a determination on the crime classification. One historic element related to unfounding a crime is "Recantation" of the crime by the victim. Recantation of the crime is not the same as "withdrawing the complaint." Recantation is a statement that the crime did not occur in the first place and the original statement was false. Detectives cannot use the single element of a "recant" by the victim to come to a conclusion that the case is unfounded. Detectives must explore why the victim is offering the recant. Victims may falsely offer "recants" to include but not limited to:

- Withdraw from the investigative process for various reasons
- Fear from the suspect (many times a DV incident)

Unfounded Sexual Assault Cases

For an investigator to classify a case as unfounded there shall be a combination of factors that on a whole demonstrate that the allegation of the crime is false or baseless. For the case to be **unfounded because it is baseless**, this means that no crime was ever committed.

In those cases where a crime is unfounded based on other circumstances absent a recant, there must be overwhelming and compelling evidence that the crime is false. Crimes cannot be deemed unfounded based on:

- Lack of documented injury /findings during the SAFE Exam
- Confusion or inconsistent statements by the victim
- Cases where the victim cannot remember what happened
- Victim is unable to articulate the elements of a crime due to developmental disability, mental illness, dementia, young age, intoxication, etc.
- Prior history of the victim such as prostitution, drug arrests

For the case to be **unfounded because the incident is false**, a combination of factors must be present to unound the case. A recant alone is not sufficient to unound the case. Detectives shall make all attempts to find out why the victim offered the recant.

As part of the supervisory review process, supervisors will re-contact victims in cases where the victim has “recanted” their allegation to determine if the victim may have reconsidered or changed their position on the recant.

Responsibilities

SOU Lieutenant

- Ensure that every investigation is conducted in a fair, impartial and sensitive manner.
- Ensure that General Order G-8 and this S.O.P are strictly adhered to by all members within the Sex Offense Unit.
- Observe Sergeants and detectives in the performance of their duties and provide direction as deemed necessary.
- Review all assigned cases to ensure effective case development.
- Maintain an equitable distribution of caseload assignments.
- Monitor overtime and other budgetary allowances.
- Identify major cases, which by their nature require extraordinary investment of investigative time.
- Ensure supervisors direct the investigative efforts of detectives by means of an overall investigative plan. Coordinate all investigations, which would require mid-level supervisory coordination beyond that normally required in routine investigations.
- Approve / disapprove all cases classified as unfounded.
- Ensure each detective creates and maintains a Case Status/Prosecution Report within the case folder.
- Establish and maintain a liaison with the States Attorney’s Office regarding cases investigated by the unit.
- Ensure the Unit operates in a collaborative and cooperative manner with outside agencies involved in Sexual Assault such as Victims Advocates, Hospital Personnel, State’s Attorney’s Office, etc.

SOU Sergeants

- Ensure that every investigation is conducted in a fair, impartial and sensitive manner.
- Ensure that General Order G-8 and this S.O.P are strictly adhered to by all members.
- Routinely observe Detectives in the performance of their assigned duties.
- Ensure that all cases are equitable assigned.
- Review case folders for compliance.
- Approve / disapprove all cases classified as unfounded.
- Ensure Lotus Notes entries are accurate, complete and current with the supervisors name and date inserted into all (progress reports) e.g., reviewed by Sgt John Doe 7/31/2010.
- Assist Detectives in planning, reviewing and supervising the execution of all search and seizure warrants. When a search and seizure warrant is obtained, the Sergeant shall ensure its prompt execution, and return to the issuing Judge.
- When an arrest warrant is obtained contact the Warrant Apprehension Task Force immediately for service.
- Ensure the stringent control of all overtime.

SOU Detectives

- Ensure that every investigation is conducted in a fair, impartial and sensitive manner.
- Ensure that General Order G-8 and this S.O.P are strictly adhered to.
- Maintain a through understanding of all applicable laws pertaining to charging and prosecution of sex offense related crimes.
- Be familiar with the utilization of all available scientific/legal resources.
- Ensure that every reported case assigned to the Personal Crimes Unit is handled in a respectful and supportive manner.
- Consult with supervision for all case classifications.
- Conduct thorough and professional investigations to include skillful crime scene identification, evidence recovery and interpretation, competent and professional suspect interrogations, and witness interviews.
- Document all case activity in Lotus Notes. A 24-Hour report is due on all new assigned cases before the end of the tour of duty.
- Original investigative files must be kept in hardback case folders and stored within the administrative files of the unit.
- Case folders shall remain in the Personal Crimes Units administrative files except for court appearances and Assistant State’s Attorney’s review. Original case folders are not to be forwarded or left with the State’s Attorney’s Office; however, copies may be supplied.

NOTE: When a copy of the case folder is forwarded to the prosecuting Assistant State's Attorney, the primary Detective will obtain his/her signature on a Case Folder Receipt Form, indicating their receipt of the copy.

“Sexual Assault Investigations”

The following guidelines are to be strictly adhered to by Detectives within the Personal Crimes Unit.

PRELIMINARY INVESTIGATION

- If necessary, immediately request emergency medical service.
- Debrief the Primary Officer regarding the reported incident.
- Speak with the victim and introduce yourself as the Primary Detective. Ask enough questions to establish the facts of the case. **NOTE:** This should be brief as the formal interview will take place after the SAFE Exam.
- The crime scene will be handled by the Secondary Detective or designee.
- Witnesses will be secured and transported to the unit office to be interviewed.
- If the crime scene is the suspect's house, absent immediate safety concerns, entry will not be made without obtaining a Search & Seizure Warrant. Consent to Search Forms will not be utilized.
- The Primary Detective will complete the “Sexual Assault Preliminary Debriefing Form”.
- The Primary Detective will ensure the transport of the victim without delay to Mercy Hospital for a SAFE Exam. The Secondary Detective will remain at the crime scene to await the Crime Lab.
- In incidents where the victim is not taken to Mercy hospital (such as a “survivors” case or late reporting), the victim shall be provided information to contact the designated victims advocate entity.
- Once a SAFE Exam has been requested at Mercy Hospital, and the victim moves to the Family Room, the Primary Detective may respond back to the Crime Scene and assist.
- Primary and/or Secondary Detectives will conduct an area canvass for possible witnesses.
- Once the victim has completed their SAFE Exam, the primary detective will ensure that the victim is transported to the Sex Offense Office for an

interview. The interview will take place in the designated “Victims Interview Room.”

- Detectives shall be mindful that victim's emotional or physical state may require the interview to be postponed. The victim interview is usually in-depth and may be upsetting to the victim. If it is in the best interest of the victim to continue the interview at a later time, it will be rescheduled.
 - Detectives shall handle the interview with the needs and comfort of the victim as a priority.
 - Detectives should avoid asking questions that may be interpreted as blaming, such as “Why didn't you run?” or “that doesn't make sense”. Sometimes it will be necessary to explain to the victim the purpose of certain questions that may be thought of as blaming but are necessary to further the investigation.
 - Detectives must understand that certain people may be targeted by offenders because the offenders feel they may not report the crime. This targeted population may include those with substance abuse problems, victims engaging in prostitution, etc. Detectives must be mindful that victims may feel they will not be believed or possibly arrested if admitting to certain behavior leading up to the assault. Detectives shall advise the victim that their purpose is to investigate the sexual assault.
 - Formal victim interviews will be audio taped. The detective will explain to the victim the reason for this is to assist in the prosecution of the offender,
-
- If a Suspect has been detained, same shall be transported to the investigation offices and placed in a holding cell.
 - Suspects are to be interrogated by two Detectives at **ALL** times in an interview room. Suspects shall be handled consistent with established procedures. In instances where the suspect may be involved in criminal activity outside the realm of sex offense investigations, i.e. street

- robberies, firearm trafficking, etc., the sex offense detective will contact that investigative unit for possible further interrogation.
- A **FULL** Suspect SAFE Exam should be obtained when any suspect is apprehended on scene or when appropriate. Suspect SAFE Exams are to be completed at Mercy Hospital by a FNE Nurse.
 - SAFE Exam Kits shall be submitted consistent with establish evidence submission guidelines.
 - Detectives shall complete a 24-Hour Report prior to the end of their tour of duty for any new cases. The 24-Hour Report shall contain the basic facts of the case, along with information regarding the results of the SAFE Exam and the submission of the SAFE Exam Kit and any clothing seized for evidence collection.

FOLLOW-UP INVESTIGATION

Detectives shall conduct a thorough follow-up investigation.

Supervisors shall met with detectives and plan a follow-up investigation based on the method of assault. Also, other cases shall be reviewed to ascertain if the assault is part of a pattern.

Follow up investigations shall be conducted using all available resources to include but not limited to:

- Arrest viewer
- Maryland Court records
- 911 tapes
- DIG
- CAD Reports
- Criminal History Check
- MVA
- Lotus notes address/names/contact searcher
- I2 workup (Intel 2640)
- DIG Search (Intel 2640)
- Parole and Probation (Intel 2640)
- CLEAR Query (Intel 2640)
- Real Property Search
- Arrest Viewer
- Nickname Database
- Field/Stop Receipt Database

- Warrant Check
- Sex Offense Registry Check
- Other applicable databases
- CCTV
- Social networking web sites, i.e. Face Book
- Internet websites and databases i.e. white pages
- Departmental E-mail

Detectives shall ensure all suspect descriptions are broadcast via existing means within the department. Detectives shall utilize district personnel for assistance that are familiar with known offenders, problem areas, burglary patterns, street robbery patterns, etc. Many sexual offenders that commit crimes against victims that are strangers may be committing robberies, burglaries, thefts, etc.

Sex Offense supervisors shall debrief district commanders on open sexual assaults in their districts. In cases such as those involving, “stranger on stranger”, deployment and enforcement initiatives will be considered.

Sex Offense Detectives shall utilize the Sex Offender Registry Unit for assistance to conduct door to door area canvasses for suspects.

Additional entities outside the Sex Offense Unit shall be considered on open cases. Those entities include the Violent Crime Impact Section, District Detective Units, Intelligence Section, Vice, and even outside agencies such as MTA Police, Immigration/Customs enforcement, etc.

Consultation with the State’s Attorney’s Office shall be made when legal questions arise concerning charging, “One Party Consent”, complex issues involving statements, etc.

Supervisors shall monitor each investigation of their detectives and ensure timely and thorough investigations coupled with updates in our Case Management database.

Detectives shall follow-up with victims advising them of case status and inquiring if any additional information can be provided to further the case. Detectives shall contact the victim on open cases, at a minimum, once a week for 30 days, and again after 60 days. Also, the victim shall be contacted upon the arrest of the offender.

Supervisors shall randomly call victims during the investigative process and inquire of the satisfaction level of the professional response of the uniformed patrol personnel and detectives.

“Case Folders”

The following guidelines are to be strictly adhered to by Detectives within the Personal Crimes Unit.

- ALL case folders will be filed in an approved secure location.
- Each case folder will be assigned a folder number that corresponds with the Unit Case number assigned in the Lotus Notes Database.
- Each case folder will also contain an “OUT” file card marked with the folder’s sequential number.
- When a case folder is removed from file, the “OUT” card will be completed as to the date, individual removing the folder, and the reason for removal, i.e. court/ASA office. The card will be placed in the file taking the place of the removed folder.
- When a case folder is returned to file, the “OUT” card will be placed back inside the case folder.
- Case folders will be maintained in a file cabinet for 12 months. As file storage space is needed, case folders from the preceding year will be removed and secured in an accessible storage area in the Sex Offense Unit.
- Supervisory personnel shall have access to all case folders on a 24-Hour basis.
- Active Case folders will be reviewed by Supervisors weekly. Any deficiencies or omissions within the case will be addressed in a timely matter for proper prosecution.



General Order G-8

Subject RAPE AND SEXUAL ASSAULT		
Distribution “A”	Date Published 7 January 2011	Page 1 of 7

By Order of the Police Commissioner

POLICY

It is the policy of the Baltimore Police Department to investigate all reported rapes and other sexual offenses. Police Officers, who conduct these comprehensive investigations, shall display the utmost regard for the victim’s physical and emotional well-being and deal sensitively with the victim’s trauma.

The Baltimore Police Department complies with the policy of the State of Maryland that states, “No law enforcement officer, prosecutor or other government official shall ask or require the victim of an alleged sexual offense to submit to a polygraph examination or other truth verification device as a condition for proceeding with the investigation of that offense. The refusal of a victim to submit to a polygraph examination or other truth verification test shall not prevent an investigation from going forward.”

The Criminal Investigation Division (CID) will handle the following investigations:

1. Rapes and Attempted Rapes.
2. 1st / 2nd / 3rd Degree Sex Offenses and attempts.
3. Other complicated cases as deemed necessary by the Chief, Criminal Investigation Division.

Unit Investigative Responsibilities:

1. (CID) Sex Offense Unit handles all cases, in which the victim is 16 years of age and older. Office Number is 410-396-2076.
2. (CID) Child Abuse Unit handles all cases, in which the victim is 15 years of age and younger. Office Number is 443-984-7378.

REQUIRED ACTION

Patrol Member

1. Upon receiving a sex offense call for service, respond immediately and attempt to locate a victim or reporting person and render medical attention, if required.
 - 1.1. If a victim or reporting person is located:
 - 1.1.1. Immediately contact the Sex Offense Unit or the Child Abuse Unit and speak with an on duty detective.
 - 1.1.2. Obtain an initial statement from the victim or reporting person. Do not conduct an in-depth interview - only ask the questions necessary to establish the elements of the crime.
 2. Remain at the crime scene and await further direction from the primary detective.

G.O. G-8	RAPE AND SEXUAL ASSAULT	Page 2 of 7
----------	-------------------------	-------------

3. Broadcast the suspect's description and, if possible, identify and protect the crime scene and any potential evidence.
4. The primary Patrol Officer will write an unfounded report **"ONLY"** after contacting a Sex Offense Detective. Fax the report to the Sex Offense Unit at 410-396-2170.
5. At all times, show the utmost regard for the victim's physical and emotional well-being.
6. If there will be a long delay in the detective's arrival at the crime scene, follow the detective's instructions relative to transporting the victim to the hospital.
7. Before transporting an unescorted victim of the opposite sex in a departmental vehicle:

7.1. The transporting officer must inform the Police Dispatcher of the location from which he or she is departing, the beginning and ending odometer reading and the intended destination.

7.1.1. If any deviation from the originally declared destination occurs en route, immediately notify the Police Dispatcher by radio.
8. If an arrest is made for rape, attempted rape, sodomy, or for a first, second, or third degree sex offense, the arresting officer shall notify the Sex Offense Unit **IMMEDIATELY**.
9. **If you are unable to locate a victim or reporting person:**

9.1. Request assistance from the Police Dispatcher in making subsequent efforts to re-contact the original caller by telephone.

9.2. Speak with all persons, who might be present in the immediate vicinity, in an effort to locate the original caller and determine what events occurred prior to your arrival.

9.3. Remain in contact with a permanent rank sector supervisor or your shift commander, if necessary, and advise him or her when you believe that all reasonable efforts to locate a victim or reporting person have been exhausted.

9.4. Complete a detailed Crime/Incident Report (Form 008/04), entitled "Unfounded Sex Offense." Document in the narrative of this report all efforts made to locate a victim or reporting person.
10. **A written report, which describes your preliminary investigation and its findings, is required if:**

10.1. Your preliminary investigation determines:

10.1.1. A sex offense call for service to be unfounded.

10.1.2. A crime, other than a sex offense has occurred.

NOTE: No sex offense call for service may be closed with an Oral Reporting Code other than "X-X-Ray" - Written Report Required, along with the appropriate corresponding domestic violence-related "Y-Yes" or "N-No" code.

G.O. G-8	RAPE AND SEXUAL ASSAULT	Page 3 of 7
----------	-------------------------	-------------

Sergeant, Patrol Division

1. Do not allow any Patrol Officer to close out any sex offense call for service with an Oral Reporting Code other than "X-X-Ray" - Written Report Required, along with the appropriate corresponding domestic violence-related "Y-Yes" or "N-No" code.
2. Respond to the scene of all sex offense calls for service. If a Patrol Officer responds to a sex offense call for service and locates a victim or reporting person, respond to the location without undue delay to supervise the conduct of the initial investigation and to ensure all appropriate notifications are made.
3. If, after consultation with the Sex Offense Unit it is determined that the sex offense call for service is unfounded, ensure that a detailed Crime/Incident Report (Form 008/04), documenting the facts and circumstances that justify such a determination is completed.

3.1. If the preliminary investigation determines that a crime other than a sex offense has occurred, ensure the Police Dispatcher is notified so appropriate changes and notations may be made within the Computer Aided Dispatch (CAD) system.
4. Ensure any crime scene(s), evidence, witness(es) and/or suspect(s) are properly secured or protected, as necessary.
5. Make certain all allegations (inclusive of any attempts) for Rape and 1st / 2nd / 3rd degree sex offenses are reported to the Sex Offense Unit or Child Abuse Unit, regardless of case status.

Shift Commander, Patrol Division

1. Ensure that all subordinates under your command comply with the procedures outlined in this Order.
2. On any occasion, in which a sex offense call for service is dispatched to a Patrol Officer, whose immediate sector supervisor is an Officer-In-Charge (OIC), direct an available sergeant from another patrol sector to perform the duties detailed in the section of this Order, entitled "Sergeant, Patrol Division."

NOTE: In the event no Sector Sergeant is available, the Shift Commander must perform the duties detailed in the section of this Order, entitled "Sergeant, Patrol Division."

Criminal Investigation Division, Sex Offense Unit Detective / Child Abuse Unit Detective

1. Will debrief the primary Patrol Officer and:

1.1. Respond to the crime scene and assume control.

1.2. Interview the victim.

1.3. Instruct the officer(s) protecting the crime scene as to any physical evidence that must be processed and recovered by the Laboratory Section's Mobile Crime Lab Unit.
2. The detective will relieve the primary Patrol Officer only after his or her assistance is no longer needed to protect the crime scene, locate witnesses, find evidence, and/or help with transportation, etc.

G.O. G-8	RAPE AND SEXUAL ASSAULT	Page 4 of 7
----------	-------------------------	-------------

3.

Once the medical examination is complete, ask the victim if there is any reason (such as unsafe conditions) that might prevent him or her from returning home.
4.

Notify a parent or guardian as soon as possible if the victim is a minor (any age under 18 years) or has a mental disability. If the suspect is the child's parent, guardian or other household or family member, or has the care, custody, control, or responsibility for the child's supervision, promptly inform the Department of Social Services at 410-361-2235.
- NOTE:

If the crime involves child abuse issues, or the rape, attempted rape, commission of a first, second, or third degree sex offense, or any other sex offense(s), against a child 15 years of age and younger, follow the related procedures in General Order L-1, "Child Abuse Investigations."
5.

Shall be responsible for writing ALL offense reports, pertaining to incidents, which are deemed Founded.

Detective Hospital Procedures

1.

Determine the appropriate medical facility for examination of sexual assault victims as follows:

1.1.

If a victim is 12 years of age and younger:

University of Maryland Medical Center
Pediatric Emergency Room
22 South Green Street (main floor)
410-328-6677

1.2.

If the victim is 13 years of age and older:

Mercy Medical Center
Emergency Department
301 Saint Paul Place, (corner of Calvert and Pleasant Streets)
410-332-9477

NOTE:

To preserve the dignity of the victim, officers will refer to the victim as an "assault victim."

2.

A relative or friend may transport the victim in a private vehicle; the victim should not drive.

3.

Before transporting an unescorted victim of the opposite sex in a departmental vehicle:

3.1.

The transporting officer/detective must inform the Police Dispatcher of the location from which he or she is departing, the beginning and ending odometer reading and the intended destination.

3.1.1.

If any deviation from the originally declared destination occurs en route, immediately notify the Police Dispatcher by radio. Immediately notify the Police Dispatcher of your arrival at the medical facility and the ending odometer reading.

4.

At the emergency room, complete the appropriate blocks on the "Physical Examination and Collection of Evidence for Rape and Sexual Assault" form and return it to the Sexual Assault Forensic Examiner (SAFE) nurse.
- | | | |
|----------|-------------------------|-------------|
| G.O. G-8 | RAPE AND SEXUAL ASSAULT | Page 5 of 7 |
|----------|-------------------------|-------------|
5.

Ensure that the original of the form, entitled "Physical Examination and Collection of Evidence for Rape and Sexual Assault", remains with the SAFE nurse and is placed inside the Rape Kit.

6.

If the victim refuses medical attention, advise him or her of the potentially serious consequences:

6.1.

Exposure to a communicable disease, if left untreated, may hurt health and well-being.

6.2.

Timely recovery of physical evidence is essential. Any delays will likely impede successful prosecution of the case.

7.

If the victim chooses to see a private physician:

7.1.

Stress the importance of prompt medical treatment.

7.2.

Although private physicians are not required to complete police department forms or reveal the results of any examination unless compelled by court order, advise the victim that Rape Kits can easily be obtained from either the University of Maryland or Mercy Medical Centers or from a Sex Offense Detective by calling 410-396-2076 or Child Abuse Detective at 443-984-7378.

8.

After the examination, make certain the victim is driven to the Sex Offense Unit office for further interviewing. If the victim's mental or physical condition is not conducive to an interview, the detective shall ensure the victim's safe return home or a reasonable destination of his or her choice. Record the victim's ultimate destination only in your CID supplement.

8.1.

The CID Detective shall set an appointment with the victim for a follow-up interview.

9.

Submit all recovered evidence to the Evidence Control Unit (ECU). Evidence will usually be collected by the Sexual Assault Forensic Examiner (SAFE) nurse during the medical examination. These items include, but are not limited to:

9.1.

All of the victim's clothing, which must be packaged separately.

9.2.

The Rape Kit.

9.3.

All other evidence, whether recovered at the crime scene, from the victim or from the suspect, must be collected by the Laboratory Section's Mobile Crime Lab Unit and promptly submitted to ECU.

NOTE:

For safety, use Biohazard Safety Techniques. Refer to General Order H-10, "Communicable Diseases, Blood-borne Pathogens and Human Bites" and General Order G-6, "Hazardous Material Incidents."

Police Dispatcher, Communications Section

1.

Promptly dispatch all sex offense calls for service and provide responding units with all relevant information, concerning these calls for service.

2.

Do not accept any Oral Reporting Code other than "X-X-Ray" - Written Report Required, along with the appropriate corresponding domestic violence-related "Y-Yes" or "N-No" code for any sex offense call for service.

G.O. G-8	RAPE AND SEXUAL ASSAULT	Page 6 of 7
----------	-------------------------	-------------

- If a primary Patrol Officer's initial field investigation determines that a sex offense call for service is unfounded or that a crime other than a sex offense has occurred, change the incident as necessary and make all appropriate notations in the call history. Only accept a code of X-Ray.
- When requested, notify the appropriate hospital of the imminent arrival of the officer and the victim.
- Assist the primary Patrol Officer in making the required notifications to the Sex Offense Unit, Mobile Crime Lab Unit, Child Abuse Unit, etc.

DELAYED REPORTING OF A SEXUAL ASSAULT

DEFINITIONS

Delayed Reporting - For the purposes of this Order, is the act of reporting a sexual assault incident to qualified medical personnel without police involvement.

Jane/John Doe - For the purposes of this Order, is a reference to a sexual assault victim, who desires to remain anonymous and does not wish to disclose to a law enforcement officer any information concerning the offense.

GENERAL INFORMATION

The Violence Against Women Act (VAWA) allows a victim to report an alleged sexual assault crime to medical personnel and to receive a forensic medical examination without participation in the criminal justice system and/or cooperation with law enforcement agencies. Sexual assault victims may confidentially disclose to a Forensic Nurse Examiner (FNE) at Mercy Medical Center the particulars of an alleged offense, to include date, time, location, and the name and/or description of the perpetrator. The victim may obtain treatment and counseling from the FNE.

The FNE will collect all forensic evidence from the victim and assign an in-house tracking number to the case. The FNE will maintain the evidence and any reports confidentially for a period not to exceed one (1) year. If the victim does not pursue the matter within one (1) year of the reporting date, the FNE will destroy the evidence and any related reports. The FNE will notify the Sex Offense Unit of the final disposition of the evidence, in writing, via the United States Postal Service.

This policy applies to victims 13 years of age and older, but does not apply to victims 12 years of age and under, or victims under 18 years of age when the alleged sexual assault involves a parent, family member, household member or other person, who has permanent or temporary care and/or custody of the victim.

Whenever a reported sexual assault is delayed at the victim's request, members shall adhere to applicable procedures for initiating a report and the collection of evidence. All other sexual assaults are handled in a timely manner in accordance with the procedures established by this Order.

REQUIRED ACTION

Member

- When a victim reports a sexual assault offense, adhere to the procedures established in the main body of this Order.

G.O. G-8	RAPE AND SEXUAL ASSAULT	Page 7 of 7
----------	-------------------------	-------------

- Transport the victim to Mercy Medical Center unless the victim is already receiving treatment at another hospital and the transport would jeopardize the health of the victim.
- Allow the FNE to interview/examine the victim. The FNE will inform the victim of the particulars of delayed reporting, including the completion of any forms.
- If the FNE notifies you that the victim has chosen delayed reporting (Jane/John/Doe) notify the Sex Offense Unit and they will handle the call.

Sex Offense Unit

- When notified of a Jane or John Doe Incident, immediately respond and handle in accordance with established procedures. Notify an FNE at Mercy Medical Center, when necessary.
- Obtain a Central Complaint Number (CCN) and provide it to the FNE.
- Obtain a Jane or John Doe tracking number from the FNE.
- Complete a Miscellaneous Incident Report, entitled "Jane Doe Incident" or "John Doe Incident", and enter all pertinent information in Lotus Notes.
- In the event that a sexual assault victim decides to initiate a criminal investigation:
 - Ensure the victim signs the Jane or John Doe Privacy Waiver form, authorizing the release of evidence and supporting documents.
 - Collect all evidence and supporting documentation from the FNE and submit the items to ECU.

Commanding Officer, Sex Offense Unit

- Establish and maintain a Unit Standard Operating Procedure for handling Jane or John Doe incidents.

RECISION

Remove and destroy/recycle General Order G-8, "Rape and Sexual Assault," dated 22 October 1999.

NOTE: This Order will supersede all current Departmental procedures or any portion thereof, addressing similar rape or sexual assault-related matters.

COMMUNICATION OF POLICY

Supervisors shall be responsible for communication of this General Order to their subordinates, and to ensure compliance. This Order is effective on the date of publication, is to be read at all roll calls for five consecutive days, and is to be posted on Departmental Bulletin Boards.

THE BALTIMORE SUN

http://articles.baltimoresun.com/2011-07-08/news/bs-md-ci-sex-offense-changes-20110630_1_offense-unit-crimes-offense-investigations

A year later, progress in Baltimore sex offense investigations

Overhauls in policy and staff, but some question whether police fully recognize past problems

By Justin Fenton, The Baltimore Sun
July 08, 2011

A major category of crime is up substantially in Baltimore, and police and city officials are pleased.

A year after The Baltimore Sun revealed that the city led the country in the number of rape reports discarded by detectives — part of what women’s advocates and victims said was a broader pattern of ignoring sexual assaults — the number of rapes being reported is up more than 50 percent.

City officials attribute the increase to an overhaul of the unit that investigates those crimes, along with a new attitude toward sex crimes and increased accountability.

“More people are coming forward and reporting, and those reports are being taken and handled appropriately,” said Sheryl Goldstein, director of the Mayor’s Office on Criminal Justice. “There have been positive steps taken and progress made, but there’s still a lot of work to do. This is the beginning.”

Advocates for victims and a nationally recognized sex offense investigator brought in to train officers agree that the city has further to go. Rosalyn Branson of TurnAround Inc. said city leaders have shown a genuine commitment to fixing the situation, but she said complaints continue to come in about “victim blaming” and poor treatment of victims by some detectives.

Joanne Archambault, a veteran sex crimes investigator flown to Baltimore to assist in the training, left unsure whether the city had truly acknowledged problems of the past. “They have all these new people and all these new policy changes, and I’m not sure they understand why those took place,” Archambault said.

Last year, The Sun reported on data that showed the city’s reported rapes had tumbled nearly 80 percent since 1995, while nationally such cases had fallen just 7 percent during the same time. Amid the city’s reported decline, the number of “unfounded” cases rose to more than 35 percent in 2006. No other city in the country consistently reported 30 percent of its cases as unfounded; few reported more than 15 percent.

Confronted with those numbers, the then-head of the Baltimore Police Department’s sex offense unit said the city’s high number of unfounded rape claims was indicative of an overabundance of services offered to troubled women. He called the department’s sex crimes unit the best in the country.

Mayor Stephanie Rawlings-Blake, however, responded to the newspaper’s report by ordering an audit covering 18 months. That review found that half the “unfounded” reports should have been classified as rapes or other sex offenses, and should have been investigated.

Police Commissioner Frederick H. Bealefeld III, who prior to becoming commissioner had overseen detective squads, said in a television interview that he had been too focused on gun crime and said the city had “failed” women.

Changes came quickly. All but three of the unit’s 11 detectives and supervisors were given new assignments, and the unit was expanded to 25 detectives brought in from across the department and sent to training. A new commander was selected to oversee reforms, but he quit before his first day.

Maj. Clifton McWhite, then a patrol commander in the Western District, was ultimately given the task of changing the culture of the unit.

“These investigations are a lot tougher than any other investigation,” said McWhite, who previously investigated homicides and shootings, but not sex crimes. “With a homicide, you know a crime is committed because you have a body. A shooting, you have a victim with a bullet hole. These [sex crimes] are a lot more arduous, because there’s a lot more pieces, and you really have to sit down and put them together.”

The city also bolstered an existing Sexual Assault Response Team, composed of police and city officials, prosecutors, nurses and women’s advocates. It convenes monthly to review the progress of the reforms and has created subcommittees to work on projects.

A full-time city position was created. Heather Brantner was hired to coordinate the team and works on initiatives related to its work. Currently on her agenda: a far-reaching public outreach campaign encouraging women to report sex crimes. Brantner has spent evenings embedded with the unit, learning more about the work.

The detectives have told her “that it’s different work than they’ve come from ... that these are more complicated and harder cases to investigate,” she said.

Victim advocates say the city’s attitude toward the investigation of sexual assaults has improved. They note that there is a regular audit process in which the SART members are able to review active cases and assess how they are being handled, and for the first time detectives are consulting with advocates.

“Detectives are calling [TurnAround], asking for help, and that’s a huge change. That’s never happened before,” Branson said.

But she said the department’s approach has “not reached a victim-centered level that it should.”

“Often, we still get reports that victims are sure that the police don’t believe them or weren’t nice to them,” Branson said. “The failure to do that decreases the chances that she’ll cooperate over time, and the perpetrators will be arrested. That’s bad for all of us.”

“We see attitudes changing a lot with domestic violence,” Gail Reid, TurnAround’s hospital coordinator, said in an interview with WYPR radio, alluding to another of Rawlings-Blake’s initiatives, “but haven’t seen the same response with sexual assault yet.”

Archambault, a former San Diego sex crimes investigator who has also worked with investigators in cities such as Cleveland and New Orleans — two jurisdictions with well-publicized flaws in sex assault investigations — said that during her training sessions, spanning four days in May, she sensed that officials believed that new policies had solved the problem.

Indeed, officials told The Sun that supervisors now scrutinize detectives’ reports more closely, and said morning supervisors check records of 911 calls to ensure that reports of sexual assaults were correctly handled.

But the former commander, Lt. Thomas Uzarowski, and Lt. Jon Foster, who survived the turnover in the unit, made similar assertions in June 2010, noting regular audits and reviews by supervisors of 911 calls.

“We have the best fail-safe situation when it comes to that, because not just one person makes a determination,” Uzarowski said at the time.

Officials contend that there’s a new vigor to such efforts, however. McWhite gave a recentexample that he said shows the unit’s dedication to digging in to cases. In April, he said, detectives learned a victim had phoned police to report that an unlicensed taxi driver had raped her but left the scene because she didn’t think police would believe her. They took a report and eventually made an arrest. Charges are pending.

Archambault said she was encouraged by conversations with top officials, but said she did not believe that the new detectives necessarily realize what their predecessors were doing wrong or recognize the nuances of a sexual assault investigation. Experts say victims may lie or change details because of the trauma or fear of being judged, which detectives may see as a red flag that the entire story is fabricated or unreliable.

She recalls a discussion with a Baltimore detective who insisted that two detectives should be present during an interview with a victim, one to talk to the victim and another to take notes, which Archambault said is a “poor practice” that intimidates the victim. They were also reluctant to include a victim’s advocate in the process, which she said is a broader problem here.

“They do not have a good relationship with advocacy [groups] there,” Archambault said.

McWhite defended his detectives, saying they have embraced training and have solid investigative backgrounds. “Investigations are investigations,” he said. “If you have the core concepts, regardless of where you go, they will stay with you.”

justin.fenton@baltsun.com

City Police Data on Sex Offenses, through May

	2010	2011	%
Rapes	75	126	+68%
Other sex offense	139	169	+22%
“Unfounded” cases	28	2	-93%
Rape arrests*	37	79	+114%

*Through June

Source: Mayor’s Office on Criminal Justice

Special Thanks To:



Baltimore Child Abuse Center



